

APPENDIX 2

Individual State MIG Project Reports

Alabama

Agency	Project Director	Project Officer
Alabama Medicaid Agency	Marilyn Ferguson Chappelle 334-242-5009 mchappelle@medicaid.state.al.us	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	N/A	Type of Grant: Continuation
Program Description		
Alabama's MIG/TTW Report		

Grant Outcomes

Planned Outcome 1

Conduct a Medicaid Buy-In Feasibility Study to determine how to implement a Medicaid Buy-In within Alabama's current political/financial environment and appropriate model to utilize.

Strategy

Contract executed through RFP process to perform feasibility study with substantial stakeholder involvement

Accomplishments

Quarter1: Contractor completed project as scheduled.
 Quarter2: Contractor completed project as scheduled
 Quarter3: Contractor completed project as scheduled
 Quarter4: No further action has been taken by the State on this activity.

Planned Outcome 2

Develop and implement an Employment Task Force to address employment barriers preventing employers from hiring people with disabilities in AL and people with disabilities accessing employment.

Strategy

Identify employer perceived barriers to hiring PwD and develop in-service training module to address these barriers. Through the use of the video, the State will alleviate employers perception about hiring individuals with disabilities; thereby creating more job opportunities for individuals with disabilities.

Accomplishments

Quarter1: The ETF has held 4 meetings with members to discuss barriers to employers hiring PwD and steps to resolve identified as barriers. A video will be created to focus on employers who hire PwD and the positive results of the arrangement. The State is pursuing a contract with The University of AL.
 Quarter2: The ETF has held 6 meetings to finalize plans for the employment video. The State continues to pursue a contract with The University of Alabama (UA) for this project. Completion by December 31, 2005.
 Quarter3: The Center for Radio and TV at UA has begun work on the employment video. The video will focus on the employer and discuss the advantages of hiring individual with disabilities. The intent of the video is to alleviate the potential employers perception of hiring individual with disabilities.
 Quarter4: The Employer Video has been completed with assistance from employers and consumers.

Planned Outcome 3

Develop and implement a PAS Consumer/Provider Utilization Training Module/Pilot to train providers maximizing availability of PAS providers and train consumers increasing awareness and self-determination choices regarding PAS providers and utilizing options to access employment.

Strategy

To implement a module within the core case management on-line training currently being developed to educate case managers on self-determination principles and person-centered planning and develop enhanced specialized training module for case managers in consumer-directed models. This activity will enhance the case managers knowledge of the principles of self-determination and person-centered planning during the initial case management training.

Accomplishments

Quarter1: The State has collaborated with ADRS to complete this project. The State will develop an RFP by 03/31/05, to complete develop the Attendant Training Registry/Network. The Project staff will complete the development of the PAS Utilization Training for consumers.

Quarter2: The ADRS is collaborating with the Easter Seals of Alabama (ESA) to dev a PAS Module that mirrors a program dev and implemented by ESA. Utilizing a modified implemented and proven model will provide consumers the increased awareness of their choices. Completion by December 31, 2005.

Quarter3: Easter Seals of AL has expanded the training to other areas in the state and currently have several attendees in training. Currently there are 50 persons on the Registry.

Quarter4: The PAS Training Module has been completed. Case Managers are successfully accessing and passing the training curriculum. Curriculum provides clearer understanding of self determination and consumer directed care principles.

Planned Outcome 4

Case Management Curriculum Evaluation/Re-Design to reflect self-determination principles/person centered planning as Medicaid case managers build new skills and a new mindset regarding PwD and provision of their services.

Strategy

To implement a module within the core case management on-line training currently being developed to educate case managers on self-determination principles and person-centered planning and develop enhanced specialized training module for case managers in consumer-directed models. This activity will enhance the case managers knowledge of the principles of self-determination and person-centered planning during the initial case management training.

Accomplishments

Quarter1: The initial scope of the project was completed in 2004. Training has begun as a pilot. The final phase, a specialized module for waivers with PAS and consumer-directed services will be completed March 2005.

Quarter2: A focus group is being established to review the core case management online training to ensure that self-determination and person-centered planning principles are incorporated. Completion by December 31, 2005.

Quarter3: Research continues. A survey questionnaire was designed with waiver participants input. The TTW Regional coordinators have reviewed the training materials. Training materials for case managers is under final development.

Quarter4: Case Managers are successfully accessing the Case Management Curriculum. Comments by case managers express their expanded knowledge of the principles of person centered planning and consumer directed care.

Planned Outcome 5

Develop/implement Outreach, Information, Dissemination, and Learning Plan regarding Ticket to Work/Medicaid Infrastructure Grant and its components in order to encourage non-working persons to work and enhance employment supports which allows them accessibility to the workplace.

Strategy

Concentrated outreach across the state to educate consumers and providers regarding the value of work & connection with Benefits Specialists to provide direct connect to individual planning for

how work might affect one's benefits; development of outreach specialty items for dissemination across the state.

Accomplishments

Quarter1: Phase 2 of the project will develop a formal plan with outcome measures, that will serve as the roadmap for the activities. Phase 2 will be completed in December 2005.

Quarter2: Phase 2 of the project will develop a formal plan with outcome measures, that will serve as the roadmap for the activities. Phase 2 was completed in December 2004. The final phase will be completed December 2005.

Quarter3: Phase 2 of the project developed a formal plan with outcome measures, that will serve as the roadmap for the activities. Phase 2 was completed in December 2004. The final phase will be completed December 2005.

Quarter4: Project completed and is being utilized by TTW Regional Coordinators and Benefit Specialist.

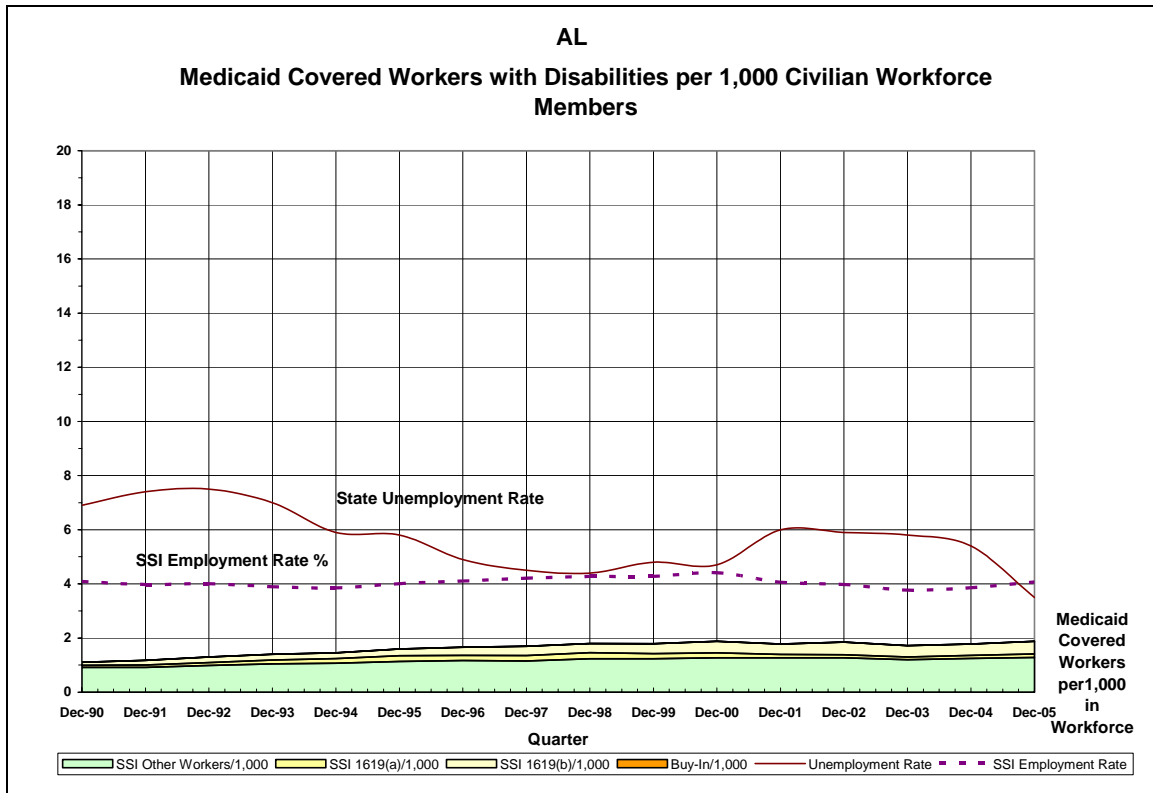
Personal Assistance Services

No State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status

Not actively pursuing buy-in



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Alaska

Agency	Project Director	Project Officer
Governor's Council on Disabilities and Special Education	Millie Ryan 907- 269-8992 Millie_ryan@health.state.ak.us	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	http://www.alaskaworksinitiative.org/	Type of Grant: Comprehensive
Program Description		
The overall purpose of the Alaska Works Initiative is to ensure that Alaskans who experience disabilities are employed at a rate as close as possible to that of the general population. Emphasis is being placed on strategic planning, improvements to disability support programs and enhancement of existing employment infrastructures.		

Grant Outcomes

Planned Outcome 1

Increase the number of participants on the Medicaid Buy-in by 15% by 12/31/08.

Strategy

Conduct outreach and provide training about the availability of the Medicaid Buy-in; and develop and implement incentives that allow buy-in participants to accumulate resources beyond the \$2,000 limit for an individual and \$3,000 for a couple.

Accomplishments

Quarter1: The Alaska Works Initiative Think Tank IV was held March 30-31 in Juneau. Over 70 people participated; participants included people with disabilities, family members, advocates, employers, service providers and state agencies, including those representing the workforce investment system.

Quarter2: A small group of 15 individuals met June 27-28 to discuss the draft logic model for the initiative, review the work completed during the larger March 30-31 strategic planning session and flesh out the five-year strategic plan.

Quarter3: Project partners have met several times to refine the 5-year action plan. Particular emphasis is being placed on resource identification and sustainability. Preliminary discussions of the plan with key stakeholders are underway.

Quarter4: Project staff scheduled several meetings with key stakeholders, including the Commissioner of Health & Social Services and relevant division directors, to discuss the plan and secure implementation assistance. Tailored plans are being developed for each stakeholder.

Planned Outcome 2

Transform disability support programs to increase the number and percent of Alaskans with severe disabilities who are working.

Strategy

Provide training and information to increase use of benefits counseling, the Ticket-to-Work program and other work-related resources; and vocationalize the Adult Public Assistance program, home and community-based waivers and the Personal Care Assistance program.

Accomplishments

Quarter1: Training and information were provided to 103 individuals with disabilities and 103 service providers. The APA workforce development specialists had 384 technical assistance contacts, resulting in 157 individuals receiving services, of whom 89 were employed. They also reviewed 42 benefits plans.

Quarter2: 130 people were trained statewide. The APA workforce development specialists had 302 technical assistance contacts, which resulted in 132 individuals receiving services, 61 of whom were employed. They also reviewed 59 benefits plans.

Quarter3: 223 people were trained statewide. The APA workforce development specialists had 340 technical assistance contacts, which resulted in 224 individuals receiving services, 75 of whom were employed. They also reviewed 56 benefits plans and 1 self-employment PASS.

Quarter4: 176 people were trained statewide, including 52 people with disabilities. The APA workforce development specialists had 252 technical assistance contacts, which resulted in 150 individuals receiving services, 70 of whom were employed. They also reviewed 53 benefits plans.

Planned Outcome 3

Transform the disabilities services program to increase the percent of people with developmental disabilities who receive supported employment services by 20% by 12/31/08.

Strategy

Identify policy issues and potential solutions; draft recommendations and advocate for changes to existing policies; provide training and technical assistance; identify funding resources; and develop a system to track employment outcomes.

Accomplishments

Quarter1: A variety of materials about the buy-in were distributed. The Department of Health & Social Services has agreed to start the process for making regulatory changes to the resource limits for buy-in recipients on July 1, 2005.

Quarter2: A variety of materials about the buy-in were distributed to job center and service provider staff. Project staff continued to work with the Department of Health & Social Services to make regulatory changes to increase the resource limits for buy-in recipients to \$10,000.

Quarter3: The Department of Health & Social Services issued draft regulations to raise the resource limit for Medicaid Buy-in participants from \$2,000 to \$10,000 for an individual and from \$3,000 to \$15,000 for a couple.

Quarter4: The Department of Health & Social Services issued draft regulations as part of a larger package of Medicaid changes to raise the resource limit for Medicaid Buy-in participants from \$2,000 to \$10,000 for an individual and from \$3,000 to \$15,000 for a couple.

Planned Outcome 4

Transform the Adult Public Assistance (APA) program to increase the percent of recipients with severe disabilities who are working by 15% by 12/31/08.

Strategy

Provide training and information to increase use of benefits counseling, the Ticket-to-Work program and other work-related resources; vocationalize the Adult Public Assistance program; and develop and implement a system to track employment outcomes.

Accomplishments

Quarter1: The Adult Public Assistance (APA) program developed performance measures and targets for recipients working with the Workforce Development Specialists. A request to develop a system for tracking work status/outcomes for all APA recipients has been assigned to an information technology specialist.

Quarter2: An information technology specialist is developing a matrix to collect and monitor performance standards for Adult Public Assistance recipients who go to work. The Division of Behavioral Health has configured its new data collection system, AKAIMS, to collect employment outcome data.

Quarter3: The Adult Public Assistance work request has moved to a number 1 priority along with several other number 1 priorities. Strategic planning partners identified potential data sources, which appear to be readily available. Access to those data will be discussed when the 5-year plan is shopped.

Quarter4: Strategic planning partners identified potential data sources. Access to those data is being discussed when the 5-year plan is shopped. Data is currently being collected by hand. Project staff continues to work on a database system to aggregate employment data across systems.

Planned Outcome 5

Transform the behavioral health system to increase the number and percent of Alaskans with severe mental illnesses and/or traumatic brain injuries who are working.

Strategy

Employ a Division of Behavioral Health (DBH) employment specialist to identify policy issues and potential solutions; draft recommendations for change to existing policies; provide training and technical assistance; and identify funding resources.

Accomplishments

Quarter1: The employment specialist is developing a BH employment manual. DBH awarded federal block grant funds to implement evidence-based supported employment; to date, 2 individuals with mental illness employed as consumer employment specialists have placed 4 people in employment

Quarter2: 38 people are being served through the evidence-based supported employment grant; 11 are working full time and 17 are working part-time. 93 people, including 47 consumers, attended supported employment training. The federal block program is being re-written to further emphasize employment.

Quarter3: 65 people were served through the evidence-based supported employment grant; 23 work full time and 26 work part-time. Federal block grant Request for Proposals emphasized supported employment. Cook Inlet Tribal Corporation incorporated supported employment into its new housing initiative.

Quarter4: 96 people were served through the evidence-based supported employment grant; 30 work full time and 49 work part-time; a survey of mental health block grantees indicated that an additional 206 persons are receiving supported employment services.

Planned Outcome 6

Engage employers as partners in increasing the employment rate of Alaskans with severe disabilities.

Strategy

Collaborate with the workforce investment system; implement strategies to make the State of Alaska a model employer; work with industry-lead workforce development initiatives; and assist small employers to meet ADA requirement and customize employment.

Accomplishments

Quarter1: A project assistant with the Alaska Workforce Investment Board has been assigned one-quarter time to assist the Alaska Works Initiative. He will be responsible for outreaching to employers and coordinating the Business Leadership Network.

Quarter2: The Alaska Workforce Investment Board project assistant is developing strategies to include people with disabilities in workforce investment priorities and has immersed himself in the disability world to better design outreach strategies to inform people with disabilities about work opportunities.

Quarter3: Governor Murkowski introduced the Jobs for Alaska's Future campaign, which is designed to put more Alaskans to work in Alaska jobs. He also identified people with disabilities as a valuable resource for employers looking to hire more Alaskans.

Quarter4: The October 2005 Alaska Economic Trends magazine featured workers with disabilities; Governor Murkowski set the stage with an introductory letter. An article about workers with disabilities was also included in the quarterly newsletter of the Alaska State Society of Human Resource Managers.

Planned Outcome 7

Increase the availability of resources needed for Alaskans with severe disabilities to secure and maintain employment in Alaska's labor market.

Strategy

Coordinate and collaborate with disability-specific projects and initiatives (i.e. micro-enterprise program, customized employment grant; youth transition project); and generic projects and initiatives (i.e. Alaska Mobility Coalition, Assets Building Initiative).

Accomplishments

Quarter1: 4 new individuals are starting their own businesses, A variety of funding sources were used to award \$2,604,769 for the provision of coordinated, accessible transportation services. Staff continues to work with the youth transition project to "flesh out" its 5-year strategic action plan.

Quarter2: Project staff helped plan and facilitate the June 21-22 strategic planning session to increase the successful transition of youth with disabilities from school to adult life and employment. Project staff also helped finalize procedures for the micro-enterprise loan and grant fund.

Quarter3: Project staff helped plan the November 7 Disability Policy Summit. Project staff also worked with the youth transition grantees on strategies to sustain their ability to assist youth with disabilities to secure jobs or go on to post-secondary education when grant funding ends.

Quarter4: Project staff continued to work with the youth grantees; 12 of the 5 enrollees were employed. Staff is also working with the Assets Building Initiative to disseminate information about the Earned Income Tax Credit program to the disability community and participating in United We Ride planning.

Planned Outcome 8

Transform the behavioral health system to increase the percent of Alaskans with severe mental illness and/or traumatic brain injury who are working by 10% by 12/31/08.

Strategy

Employ a Division of Behavioral Health (DBH) employment specialist to identify policy issues and potential solutions; draft recommendations and advocate for changes to existing policies; provide training and technical assistance; identify funding resources; and develop a system to track employment outcomes.

Accomplishments

Quarter1: N/A

Quarter2: Project staff participated in general Alaska planning and training activities. Project staff also developed the MIG supplemental budget request; supplemental grant funds were granted at the end of the quarter.

Quarter3: Project staff worked with a variety of stakeholders, including the Alaska Department of Health & Social Services, SSA and CMS to identify and coordinate outreach and training strategies.

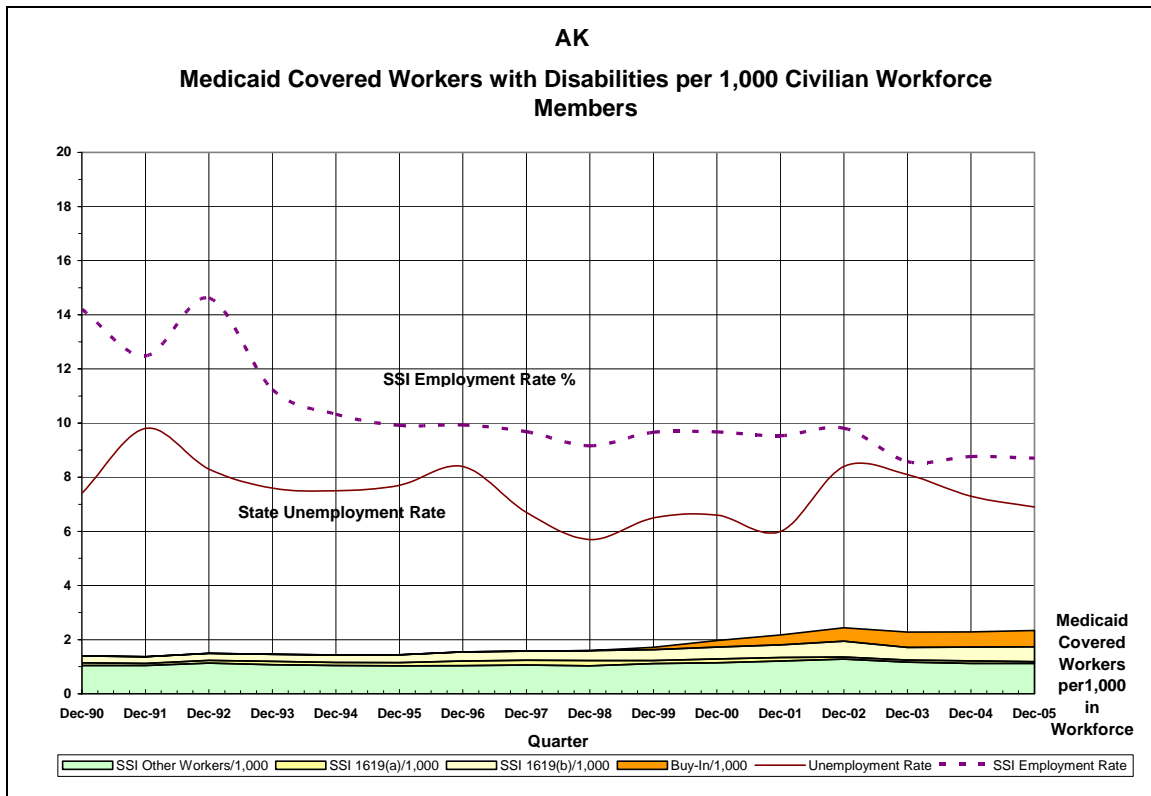
Quarter4: Project staff continued to work with a variety of stakeholders, including the Alaska Department of Health & Social Services, SSA and CMS to coordinate outreach and training strategies.

Personal Assistance Services

PAS by State Plan

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Working Disabled Medicaid Buy-In
Implementation Date	July 01, 1999	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Adult Public Assistance (SSI Supplement) Limit	Resource for Individual Limit	2000 for individual
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	Not applicable	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Premiums are calculated based on an income-based sliding fee scale as a fixed percentage of income. The maximum premium is 10% of the net family income.	Medicaid Eligibility Review	Monthly
Web Site for Additional Information	N/A	Work Requirement	None
Enrollees at Beginning of Year	162	Enrollees at End of Quarter	210



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Arkansas

Agency	Project Director	Project Officer
Arkansas Division of Aging and Adult Services	Scott Holladay 501-682-8510 scott.holladay@arkansas.gov	
Website:	To be developed in 2006	Type of Grant: Conditional
Program Description		
Arkansas launched its Medicaid Buy-In program in 2001, but 2005 was our first MIG Project year. Buy-In enrollment is very low, despite the lack of premiums. There is little awareness of the Buy-In, so outreach is the major focus of our MIG project. Other priorities are making Medicaid personal assistance services available to individuals with disabilities who work, and addressing barriers related to Buy-In eligibility.		

Grant Outcomes

Planned Outcome 1

A greater number of people with disabilities will work, and their average earnings will increase.

Strategy

Plan and implement a social marketing campaign to inform people with disabilities about the Buy-In and other work incentives, and to change attitudes about disability and work.

Accomplishments

Quarter1: Steering Committee reviewed outline. Forming Outreach Committee to provide input into marketing plan and materials.

Quarter2: MIG Outreach Committee met, staff & PR firm began work on marketing plan, staff made first presentation to consumers.

Quarter3: Prepared basic outreach materials, began outreach visits and presentations, co-sponsoring Disability Awareness Day Job Fair in October.

Quarter4: Buy-In presentations to all supervisors of eligibility caseworkers. Presentations to supported employment and DD service providers, 2 VR offices, and 1 SSA office. Preparing consumer-friendly marketing materials, including direct mail piece. Co-sponsored disability job fair.

Planned Outcome 2

Individuals with disabilities who need personal assistance services are able to work in competitive employment because services are available in the workplace.

Strategy

Form a PAS committee, study other states' workplace PAS services and utilization, develop a proposal, submit to Medicaid, and help implement.

Accomplishments

Quarter1: Steering Committee formed. Forming PAS Committee.

Quarter2: MIG PAS committee has reviewed current services and barriers to PAS in workplace, in preparation for preparing recommendations. Division of Development Disabilities Services is preparing an amendment to the MR/DD HCBS waiver which includes adding Buy-In eligibility.

Quarter3: MIG PAS committee prepared PAS recommendations with stakeholder input.

Committee favors amending existing all PAS services to include workplace, including State Plan personal care, cash-and-counseling 1115 waiver, DD/MR waiver, and PD waiver.

Quarter4: Division of Developmental Disability Services is finalizing DD/MR waiver amendments, including adding Buy-In. Division of Aging & Adult Services agreed to include Buy-In in PD waiver amendments, and proposed changes in cash-and-counseling 1115 waiver will help meet needs of working individuals.

Planned Outcome 3

Individuals with disabilities will have better access to the Buy-In due to changes in eligibility criteria and an improved application process.

Strategy

MIG Buy-In Eligibility Committee will study the unearned income limit and other Buy-In eligibility issues. Analyze the costs and benefits of raising the Buy-In unearned income limit, and submit recommendations to Medicaid.

Accomplishments

Quarter1: Steering Committee formed. Forming Eligibility Committee to study unearned income limit.

Quarter2: MIG Buy-In Eligibility Committee has outlined a study of the unearned income limit. Identified changes to improve the application process. Collected data on disability determination for Buy-In applicants.

Quarter3: Buy-In Eligibility recommendations: centralized Buy-In eligibility determination; simplified Buy-In application form; online application; changing Buy-In program name; and contracting for study of feasibility of raising the unearned income limit.

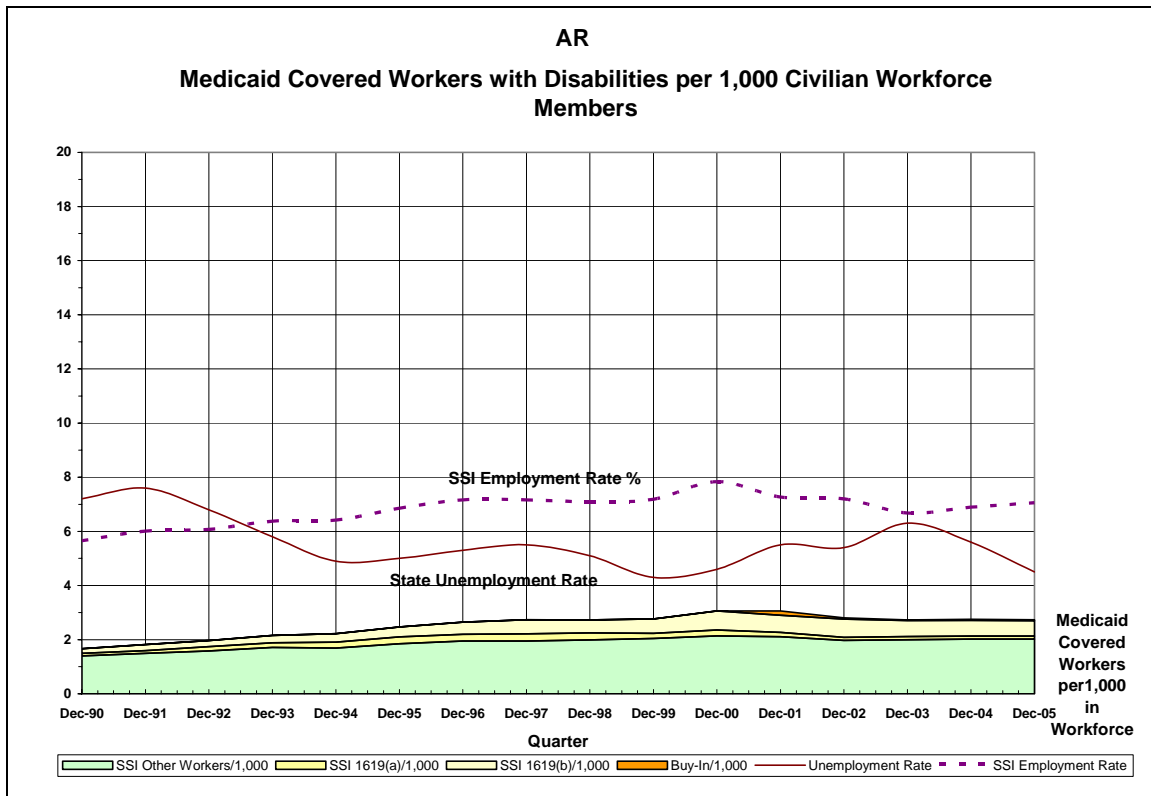
Quarter4: MIG staff following up on recommendations: Arranging study on unearned income limit. Working with County Ops on simplified application form, and discussing online application and centralized eligibility determination. Proposed Buy-In name change to Medicaid and County Ops, but not feasible now.

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Working Disabled
Implementation Date	February 01, 2001	Federal Authority	TWWIIA Basic
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	\$4,000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Co-pay
Method to Calculate Monthly Premiums	Higher co-pays for participants with gross income equal or > 100% FPL	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	http://www.state.ar.us/dhs/webpolicy/Medical%20Services/MS%2028000.htm	Work Requirement	Applicant must earn income that is reported to the IRS
Enrollees at Beginning of Year	48	Enrollees at End of Quarter	49



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California

Agency	Project Director	Project Officer
Sonoma State University/California Institute on Human Services	Megan Juring 916.654.2536 mjuring@edd.ca.gov	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	www.chiip.org	Type of Grant: Comprehensive
Program Description		
The California Health Incentives Improvement Project (CHIIP) is a multi-agency collaborative effort working to remove barriers to the gainful employment of people with disabilities, particularly health care and personal assistance barriers. The CHIIP facilitates employment and economic self-sufficiency through outreach and education about available work incentives and benefits through Medi-Cal.		

Grant Outcomes

Planned Outcome 1

Stakeholders will build state and local intergovernmental infrastructure to remove healthcare and other barriers to employment for people with disabilities resulting in a comprehensive employment strategy supporting gainful and competitive employment for people with disabilities.

Strategy

Engage in maintaining and further developing the comprehensive employment strategy. Build intergovernmental infrastructure by having staff fully integrated with DHS & EDD staff. Support State leadership development by connecting efforts through government advisory bodies such as the Gov. Committee, Olmstead Committee, State Rehab Council, and State Independent Living Center. Develop/support local leadership comm. organizing around interagency disability benefits planning training.

Accomplishments

Quarter1: With Governor's Commte., established process for developing comprehensive strategy. Presented draft strategy framework Governor's Commte. public meeting. Held first comprehensive strategy stakeholder input session. Ongoing support of local steering committee meetings.

Quarter2: Sponsored stakeholder input session at Respect Ability conference for advocates. Scheduled 2 add'l stakeholder sessions via CA Foundation for ILCs on-line web conference environment. With Gov. Comte, edited Comp. strategy to reflect input rec'd; strategy posted online for public review and feedback.

Quarter3: Sponsored 2 on-line stakeholder focus group sessions through CA Foundation for IL's. Summarized input from sessions & incorporated into the draft Comp. Strategy. Cont. to solicit Comp. Strategy input by promoting the strategy on our website & e-mailing requests to comment to our stakeholder

Quarter4: Held 14 focus groups throughout the state. Staff used their comments into the Comp. Employment Strategy & 2 revised versions were produced on 10/27 and 12/15. CHIIP and Gov. Comm. staff met with CMS via conf. call to hear their suggestions for the Strategy. Gov. Comm will vote to approve in 1/2006.

Planned Outcome 2

Increase the number of participants utilizing the Medi-Cal Working Disabled and IHSS in the Workplace programs through outreach to PwDs, service providers, eligibility workers and employers, providing information on benefits intended to promote employment and economic self-sufficiency.

Strategy

Disseminate existing brochures regarding WDP, Youth with disabilities in transition, and PwD's entering the workforce to federal, state, local agencies, and CBOs. Create brochure on IHSS at work. Conduct presentations at meetings/conferences. Develop media/outreach toolkit for local use.

Accomplishments

Quarter1: First draft of 'IHSS at Work' brochure completed. Distributed approx. 93,000 brochures & made all brochures & language translations available on our website. Exhibit booth at Region Six DOL conference. San Diego county developed an 8 minute outreach video.

Quarter2: Worked with EDD to issue info. to Workforce Devlp. system to educate One-Stops and WIBs about CHIIP and encourage brochure dissem. to their consumers. With mini-grant funds, San Diego produced an 8 min WDP marketing video to educate and increase WDP enrollment. IHSS brochure edited.

Quarter3: Provided materials, staff support, & presented at annual California Youth Leadership Forum. Began outreach campaign targeting Postsecondary Education audiences. Finalizing our IHSS brochure and sending it out via e-mail to our partners for comments and edits.

Quarter4: Sent approx. 25,000 brochures for a total of 175,000 sent out ytd. Printed all 4 Asian translations of brochures to accommodate the diversity of CA. Staffed an info booth and presented at a session during the CA PostSecondary Edu. conf. and at Asian Pacific Islanders with disabilities conference.

Planned Outcome 3

Strengthen labor force connections for PwDs by expanding and supporting the disability benefits counseling and training infrastructure of state and local program administrators, front line staff and CBOs who assist PwDs in achieving successful employment outcomes and economic self-sufficiency.

Strategy

Continue support for benefits planner network created in 2004. Cross-agency trainings on disability/work/benefits directed to front line staff & CBOs who serve PwDs in at least 3 local areas in CA. Support db101.org content development. Develop on-line learning tools. Expand pool of qualified trained.

Accomplishments

Quarter1: Four days of training completed in San Mateo county in Jan/Feb '05. Three half-day trainings were held in Los Angeles March 15-17. Training planned and scheduled for next quarter in San Francisco and Marin counties.

Quarter2: Held 5 days of cross-agency trainings in Marin & San Francisco counties for ~350 front-line staff of rehab counselors, Medi-Cal eligibility workers, etc. Trainees encouraged to share info. learned to consumers & other staff members. Identified 2 add'l trainers for future cross-agency trainings.

Quarter3: Worked with the local steering committees via in person and on teleconference throughout the third quarter coordinating the logistics for the upcoming fourth quarter cross agency trainings that will take place in Ventura, San Luis Obispo, Santa Barbara and Fresno counties.

Quarter4: Held 6 days of trainings & 120 people attended, one day in Fresno county and 5 days in Ventura, Santa Barbara, & San Luis Obispo counties. A new trainer from Protection & Advocacy co-presented. One half-day of training for hotline staff that take calls from MWD population who have MMA Part D q's.

Planned Outcome 4

Improve employment and earnings levels of Medi-Cal Working Disabled participants by evaluating the adequacy and effectiveness of and developing improvements in, health incentives and other supports for PwDs related to employment, including for the Medi-Cal Working Disabled and IHSS programs.

Strategy

Eval adequacy of state data systems to monitor prgm & employment data for PwD. Report findings from targeted local areas to analyze effectiveness of health incentive prgm design & implementation. Work with state, local agencies, & disability community on policy, program, & data system improvements.

Accomplishments

Quarter1: Draft report on 'The Employment and Health Status of Californians with Disabilities' presented by Mitch LaPlante, Ph.D. & H. Stephen Kaye, Ph.D. of the Disability Statistics Center at the Institute for Health and Aging, University of California.

Quarter2: Report "Employment & Health Status of Californians with Disabilities" completed; sets baseline for examining dis. employment statewide; will assist w/ strategic planning.

Quarter3: Submitted annual data report to Mathematica, including self employment earnings supplied by 91% of counties. Recording comments on employment & health incentives programs during strategic planning stakeholder input process.

Quarter4: Entered into agreement with the Public Health Institute Survey Research Group to conduct the prep activities of the CA Survey of PWDs including programming survey questions and developing question-specific instructions and training for interviewers. New evaluation for trainings started in Fresno.

Planned Outcome 5

Provide outreach and assistance to individuals in the Working Disabled program regarding the prescription drug changes occurring as a result of Medicare Part D.

Strategy

Create packet of materials for direct mailing to WDP enrollees who are dually eligible for Medi-Cal and Medicare; make materials available in multiple languages. Provide ways for participants to ask and have questions answered re: the Rx changes. Highlight \$2/\$5 co-pays as distinct to this group.

Accomplishments

Quarter1: N/A

Quarter2: Developed strategy for outreach; began discussion with Medicaid agency re: direct mailings. Actively participated in interagency workgroups with various state Depts. re: Part D outreach; facilitated information sharing and outreach tool collection. Participated in CMS Region IX conference re: Part D

Quarter3: Establish contract with Health Rights Hotline Call Center to inform consumers about MMA. Drafted outreach letter for direct mailing and translated MMA planning tool into five different languages.

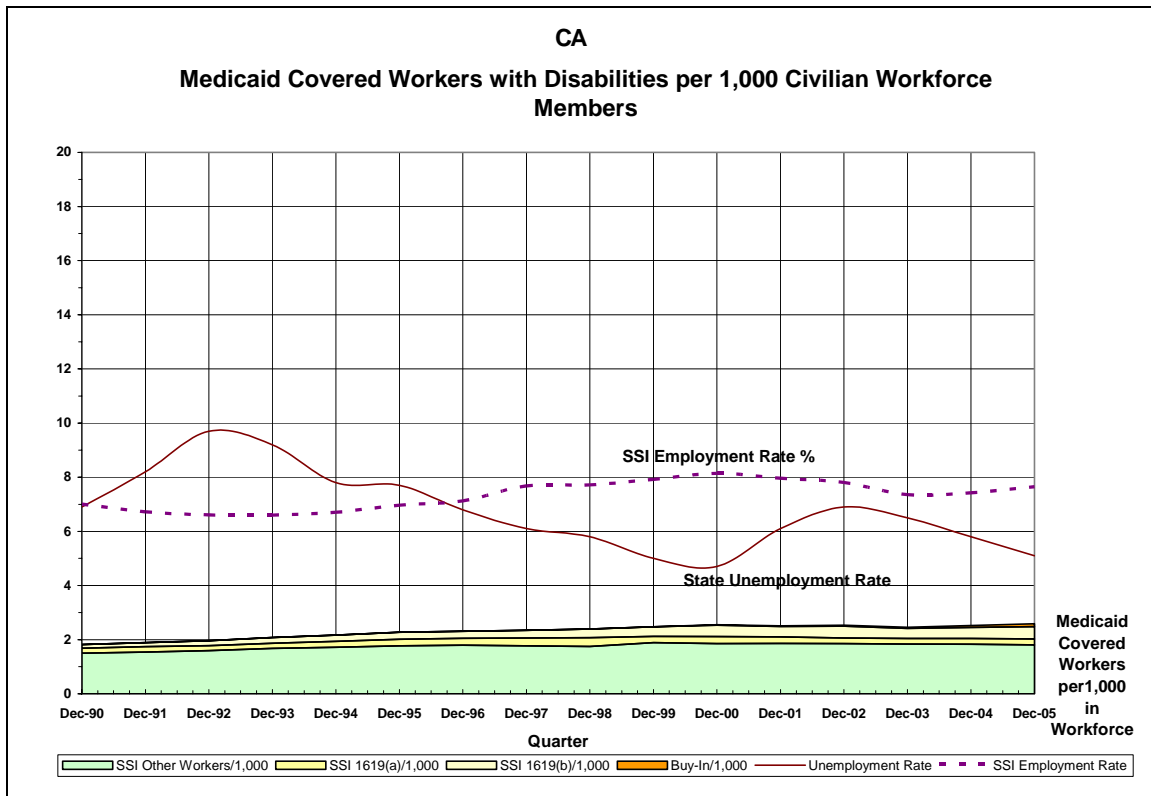
Quarter4: Sent out to dual eligible MWD population (approximately 1600) info about the MMA Part D change, with a hotline number to contact for any questions. The hotline took calls to assist MWD pop. in understanding MMA Part D in addition to asking the beneficiary a short survey about the MWD program.

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medi-Cal 250% Working Disabled Program
Implementation Date	April 01, 2000	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Exempt disability income and IDAs	Resource for Individual Limit	\$2,000 individual, \$3,000 couples
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	A sliding scale premium is based on net countable income. Net countable income from \$1 up to 250% of the federal poverty level. Premiums range from \$20 to \$250 for an individual and \$25 to \$375 for a couple.	Medicaid Eligibility Review	Every 6 months
Web Site for Additional Information	www.dhs.ca.gov , www.db101.org , www.chiip.org	Work Requirement	No minimum work requirement
Enrollees at Beginning of Year	1,165	Enrollees at End of Quarter	1,820



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Connecticut

Agency	Project Director	Project Officer
Department of Social Services/Bureau of Rehabilitation Services	Amy Porter (860) 424-4864 amy.porter@po.state.ct.us	Carey Appold 410/786-2117 cappold@cms.hhs.gov
Website:	none available	Type of Grant: Conditional
Program Description		
The Connect to Work Center is organized to support three major goals: increase leadership role of persons with disabilities and other key stakeholders in the CTWC by empowering a steering committee, increase number of persons with disabilities competitively employed through targeted outreach, increase provision of health coverage, including personal assistance, for people with disabilities who are competitively employed by amending 3 waivers.		

Grant Outcomes

Planned Outcome 1

Increase leadership role of persons with disabilities and other key stakeholders in the Connect to Work Center by empowering a steering committee.

Strategy

Establish Steering Committee.

Accomplishments

Quarter1: Steering Committee held first organizational meeting. 60 people representing K-12 & higher education, employers, One stops, various state agencies and people with disabilities attended outreach forum. Priority focus areas for change were identified. Strategic Planning initiated.

Quarter2: Steering Committee organized with approved bylaws. Elected leadership consists of co-chairmen. 3 meetings held during the quarter. 3 Workgroups organized. Workgroups include research, outreach, and assistive technology. Steering committee provided assistance in development of MIG 2006 proposal.

Quarter3: 3 steering committee meetings; 3 evaluation Workgroup Meetings (WGM)- Jointly developed survey tool with UCONN; Coordinated/hosted focus group to pilot tool; Reviewed results; 2 Outreach WGM- Decision to produce video, reviewed 5 videos; 4 AT WGM; Jointly developed state plan, linked plan to MIG

Quarter4: Steering Committee membership base is operating and effective. Membership includes both consumers and stakeholders. Committee formed subcommittees/workgroups to assure consumers and stakeholders in the design and development of the project.

Planned Outcome 2

To increase number of persons with disabilities competitively employed through targeted outreach initiated by the Connect to Work Center.

Strategy

Create and implement an outreach campaign to be used with target populations; Explore access to employment services and supports for specific target populations; Host 2 statewide meetings for dialogue; Design, develop, and implement pilot.

Accomplishments

Quarter1: Marketing Firm identified and contract initiated. Outreach materials for Youth and Adult Community Bridging Pilots (CBP) produced; outreach campaign designed and implemented; Job loss outreach strategy developed and materials designed. Data collection and analysis initiated.

Quarter2: Outreach campaign with youth and adults in community designed, developed, implemented. Evaluation methodology developed; Evaluation tools designed and implemented; Successful transition to BRS for adults; Job loss outreach Spanish materials designed and developed; Resource mapping in design phase.

Quarter3: Continue outreach to youth/adults. AT identified as key barrier for adults; Job loss outreach initiated; 40 contacts; 1% response rate. Comprehensive resource tool developed/implemented; 12 information sessions hosted for 200 staff; joint data analysis with MH agency targeting youth in transition.

Quarter4: Outreach campaign designed includes creation of a video. Workgroups viewed videos from other states and designed key points/messages for CT. Youth and Adult Bridging projects completed. Final report identifying best practices produced. Resource guide in final stages of completion.

Planned Outcome 3

Increase the provision of health coverage, including personal assistance, for people with disabilities who are competitively employed by amending 3 waivers.

Strategy

Include persons financially eligible under the MED as covered individuals under the DMR, CHCP, ABI; Remove age limits from definition of employed disabled person under MED; Increase PCA wage 2.5%; Identify health insurance options for Personal Assistants.

Accomplishments

Quarter1: Legislation advancing tie in of Medicaid to ABI and DMR waivers written, submitted and successfully reported favorably out of Committee.

Quarter2: Legislation advancing tie in of Medicaid to ABI and DMR waivers approved by legislature. Work on amending waivers initiated; Amendments include continuing PCA assistance for persons currently on the PCA and ABI waivers who age into the home care program for elders program; cost analysis initiated.

Quarter3: Submitted budget option to remove age limits from definition of employed disabled person under MED; Cost benefit analysis completed; Monitoring progress of amending DMR and ABI waivers to provide access to the Medicaid Buy-In. Submitted white paper; Analyzing costs of implementation with Medicaid.

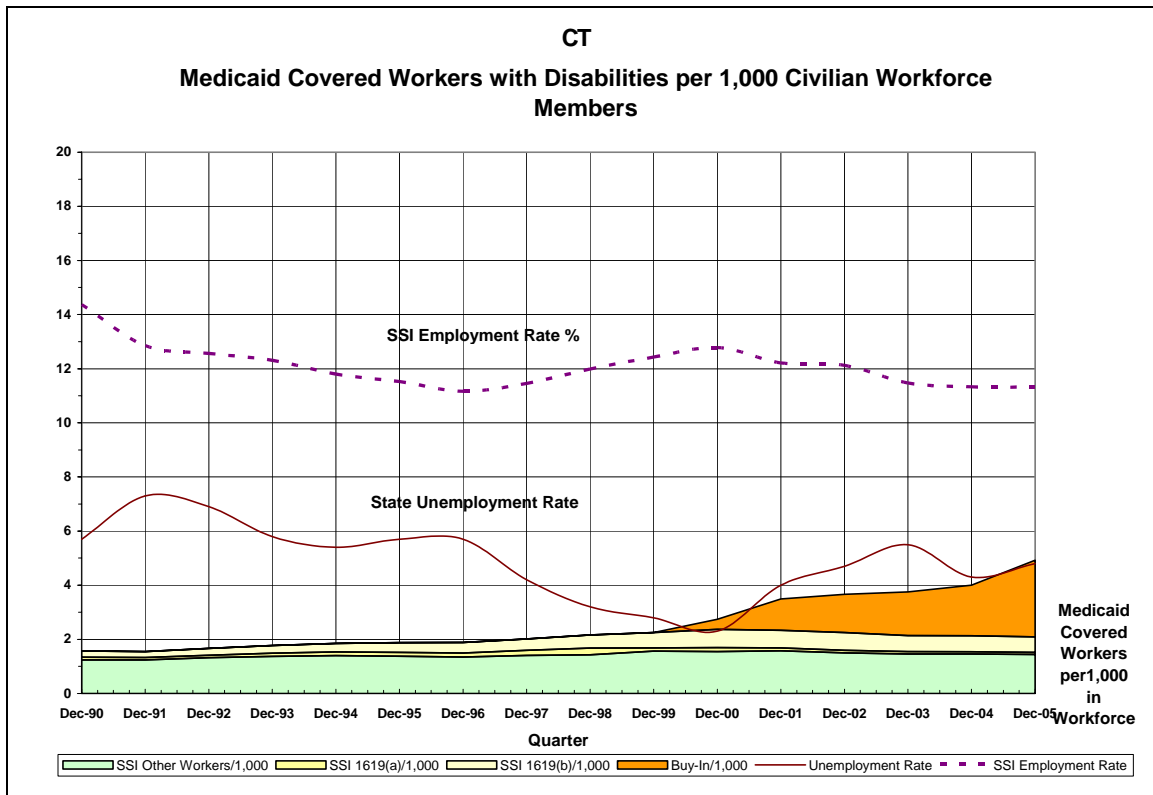
Quarter4: Continue to monitor progress of amending DMR and ABI waivers to provide access to the Medicaid Buy-In. Continue to analyze costs of implementation with Medicaid.

Personal Assistance Services

No State Plan and 4 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid for the Employed Disabled Program
Implementation Date	October 01, 2000	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	75,000 per year	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	10,000 for an individual, \$15,000 for a couple
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	10% of total income above 200% of FPL	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	http://www.dss.state.ct.us/divs/medemp.htm	Work Requirement	Reasonable work effort, defined as an activity for which a person receives financial compensation and pays all applicable federal and state income and payroll taxes.
Enrollees at Beginning of Year	2,908	Enrollees at End of Quarter	5,175



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Hawaii

Agency	Project Director	Project Officer
University of Hawaii Center on Disability Studies	Susan Miller (808) 295-0659 millers@hawaii.edu	Carey Appold 410/786-2117 carey.appold@cms.hhs.gov
Website:	www.hireabilities.hawaii.edu	Type of Grant: Conditional
Program Description		
Create partnerships and gather essential information from all stakeholders to develop a Medicaid program that maximizes supported employment opportunities for people with disabilities meeting eligibility criteria for the project.		

Grant Outcomes

Planned Outcome 1

Development of referral infrastructure and partnerships for Benefits Information Network.

Strategy

Develop working relationship with the Workforce Development Council as the MIG governance council; Convene advisory and subcommittee meetings, conference trainings (of approximately 200 consumers and case managers YTD); Review and refine recommendations for sustainability policy and system change; Use community/advisory input, including consumers to support development of statewide information networks for work incentives.

Accomplishments

Quarter1: Governance and Advisory councils appointed; Meeting schedule set for 2005 calendar year.

Quarter2: Governance Council representative updated on project goals/progress and solicited for feedback in two Advisory Board meetings this quarter. Advisory Board used leadership roles to integrate MIG focus groups into existing organizations/networks of eligible stakeholders.

Quarter3: Continued to build on established partnerships: (1) held 1 Advisory Board meeting (2) held weekly staff meetings for planning and implementation of community visioning/focus groups; (3) held consumer-led focus groups on each island, using Advisory Board-identified local networks.

Quarter4: (1) met with Advisory Board in November; (2) held 5 focus groups statewide; (3) briefed Workforce Development Council and incorporated MIG activities into its action plan; and (4) developed new partnerships with waiver provider/advocacy agencies via conference and BPAO training opportunities.

Planned Outcome 2

Conduct a needs assessment from information gathered from persons with disabilities, family members, providers and employment community regarding access to employment opportunities

Strategy

Gather data on statewide employment community; Gather data on job seekers with disabilities; Gather DOE data on class of 2000; Map job opportunities; Interview 50-75 people with disabilities; Involve stakeholders in focus, visioning and values sessions.

Accomplishments

Quarter1: Specified objectives in work plan; Named systems personnel essential to data identified in strategic plan.

Quarter2: Collaborating with Workforce Development Council, employment networks to map job opportunities. Request made to DOE for class of 2000 data. Consumer focus group facilitators trained and focus groups/participants scheduled statewide between August and October.

Quarter3: Completed 10 consumer-led focus groups statewide, incorporating diverse viewpoints across consumers, advocates, providers and families across all identified disability groups.

Analysis of data underway.

Quarter4: Completed 5 additional consumer-led focus groups statewide, and interviewed 105 consumers, advocates, providers and families across all identified disability groups. Completed analysis of data and began preparation of summary report/media release.

Planned Outcome 3

Promote guidelines to increase awareness, utilization of Medicaid Workplace Personal Assistance Services (PAS).

Strategy

Recommend model to integrate PA into supported employment across waiver; Arrange summit with all stakeholders; Review and revise PAS guidelines and criteria.

Accomplishments

Quarter1: Calendar year schedule of PAS focus groups set

Quarter2: Developed more focused agenda/curriculum for soliciting stakeholder input on PAS via statewide focus groups from August to October. Medicaid representatives participated in Advisory Board discussions of PAS/Buy-In.

Quarter3: Completed focus group activities on every island and with every identified disability group by 10/2005.

Quarter4: Achieved unconditional MIG grantee status based on PAS Lewin formula criteria.

Shared results of statewide focus groups at MIG-sponsored Healthy and Ready to Work Conference in October and began development of PAS implementation plan.

Planned Outcome 4

Promote guidelines to increase awareness, utilization of Medicaid Workplace Personal Assistance Services (PAS).

Strategy

Develop and disseminate information regarding use of PA in the workplace to consumers and case managers. Use community/advisory input, including consumers to plan and develop Direct Support Worker (PAS) training institute.

Accomplishments

Quarter1: Specified objectives for work incentive development; Obtained executive, legislative and departmental agreements for inter-agency cooperation to facilitate project objectives.

Quarter2: Coordinated with BPAO providers to disseminate information on current work incentives from SSA, Medicaid and HUD and to integrate this information as teaching tools in focus group/survey activities.

Quarter3: Convened conference to educate over 400 stakeholders on existing and potential work incentives and supports in order to build a foundation for informed community participation in upcoming needs and planning analysis for possible additional Medicaid work incentives, including buy-in.

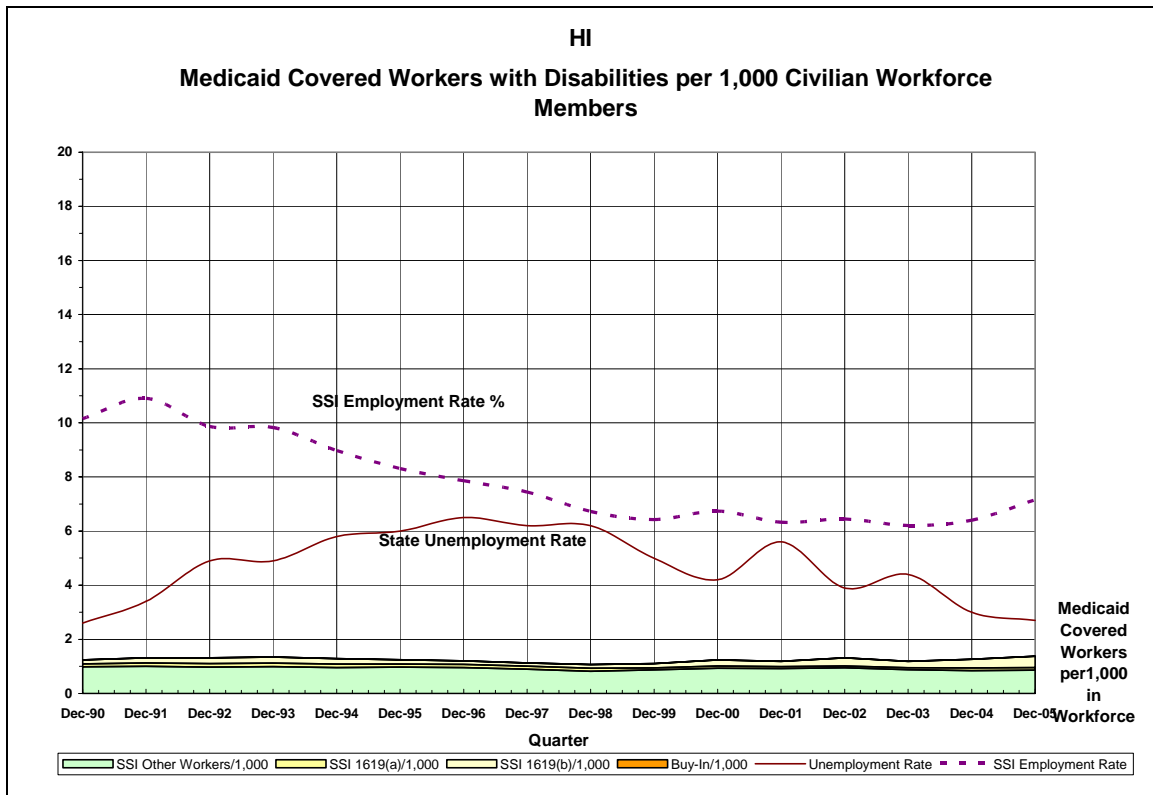
Quarter4: Informed 400 stakeholders on existing/potential work incentives and supports at October conference. Completed needs analysis for Medicaid work incentives, including buy-in. Continued to advocate with local Medicaid officials for an SSDI recipient buy-in program.

Personal Assistance Services

No State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Actively pursuing a buy-in	Program Name	Health Benefits for Qualified Working Persons with Disabilities
Implementation Date	January 01, 2008	Federal Authority	TWWIIA Basic
Income Eligibility	No data	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No data	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	No data
Limit Includes Spousal Resources	No data	Additional Savings Accounts Excluded	No data
Additional Savings Accounts are Portable	No data	Cost-Sharing Policy	No data
Method to Calculate Monthly Premiums	No data	Medicaid Eligibility Review	No data
Web Site for Additional Information	No data	Work Requirement	No data
Enrollees at Beginning of Year	No data	Enrollees at End of Quarter	No data



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Illinois

Agency	Project Director	Project Officer
Il. Department of Health Care and Family Services (HFS)	Barry S. Maram (217) 782-1200 directorpa@mail.idpa.state.il.us	Phil Otto 410 786.7252 potto@cms.hhs.gov
Website:	www.HBWDIllinois.com	Type of Grant: Conditional
Program Description		
The MIG funds the operations, outreach, and peer mentoring components of the Illinois Medicaid Buy-In program, entitled Health Benefits for Workers with Disabilities.		

Grant Outcomes

Planned Outcome 1

To develop a peer mentoring program, linking current Buy-In enrollees with individuals with college graduates enrolled in the Home and Community Based Waiver personal assistance program, with the intent of getting them (HCBW enrollees) employed.

Strategy

To "match" the HBWD enrollees, called the mentors, with the HCBW participants; to develop and implement a training curriculum; to track the communication between the mentors and the mentorees; and to track the "job" outcomes of the peer mentoring project

Accomplishments

Quarter1: We have identified three social marketing organizations that are interested in bidding on the project. We have begun the procurement request process in the Department of Public Aid. This can be a lengthy process.

Quarter2: Bids were developed and distributed to vendors to provide the technical components of the program - recruitment letter, the matching process - training materials and the tracking components. Proposals were received and reviewed and a vendor selected.

Quarter3: Bids were developed and distributed to vendors to provide the technical components of the program - recruitment letter, the matching process - training materials and the tracking components. Proposals were received and reviewed and a vendor selected.

Quarter4: We have completed the training manual development, mentor training implementation and "matching" components of the program. Currently the mentors are working with their "mentorees" to help them understand how to approach finding the right job, and what they need to do to become employed.

Planned Outcome 2

To promote the Health Benefits for Workers with Disabilities (HBWD) program through outreach efforts and presentations to at least 2500 Illinois residents.

Strategy

An HBWD employee is charged with the responsibility of getting the word out about HBWD through presentations at conferences, staff meetings, consumer groups, and other opportunities. This person spends more than 85% of his time specifically on outreach activities.

Accomplishments

Quarter1: The outreach program has presented the HBWD program to about 400 individuals thus far this calendar year.

Quarter2: Aggressive outreach continues as planned. The HBWD outreach supervisor has provided program presentations and training to more than 1000 individuals in this calendar year.

Quarter3: The designated outreach staff has been spending almost 100% of his time on the road at presentations and conferences explaining the HBWD and Medicare Part D programs. More than 2200 people have already received information about the program.

Quarter4: The outreach staff continued the very aggressive efforts to promote the Health Benefits for Workers with Disabilities (HBWD) program. The intensive outreach program presented to more than 4400 people throughout the state.

Planned Outcome 3

To promote the HBWD program through mail and personal contacts to the HBWD and Medicare beneficiaries who may also be eligible for the Medicare Part D program (Low Income Subsidy or Extra Help).

Strategy

Identify the various groups of Buy-in enrollees according to their apparent LIS eligibility group (separate by income and MSP eligibility). Prepare a mailing that addresses the relevant information for that group. Provide a dedicated phone contact for further questions.

Accomplishments

Quarter1: About 250 letters have been sent to this group this past quarter.

Quarter2: HBWD staff have worked diligently to develop several mailings to current and former HBWD enrollees and others potentially Part D eligible that explain the Part D, and how it relates to the Buy-In. Both sample mailings were sent to and approved by the CMS Project Officer.

Quarter3: In addition to the mailings, HBWD hired (after receiving CMS approval) 3 contractual employees (called coaches) to personally contact HBWD enrollees to discuss the Medicare Part D prescription drug program.

Quarter4: HBWD sent each "Part D dually eligible" enrollee a letter, inviting each to contact a staff member trained to discuss the HBWD/Part D issues as it affected each enrollee specifically. The intent was to educate the HBWD enrollee to make good choices regarding their health coverage.

Planned Outcome 4

To maintain the average application processing "turnaround time" to less than 20 days (from date of application receipt to sending notice of approval/denial)

Strategy

Program procedures have been developed and revised (ongoing) to track each activity required for application processing. HBWD staff are trained thoroughly on these and the quality assurance practices that ensure compliance with them.

Accomplishments

Quarter1: Current average processing time is 17 days (fastest Illinois Medicaid average processing time)

Quarter2: HBWD continues to operate on an AVERAGE 13 day turnaround time. Good outreach, well-designed promotional materials and well-trained casework staff help greatly in making sure the applications are accurate and complete. This reduces the processing time.

Quarter3: The HBWD application processing turnaround time is less than 15 days.

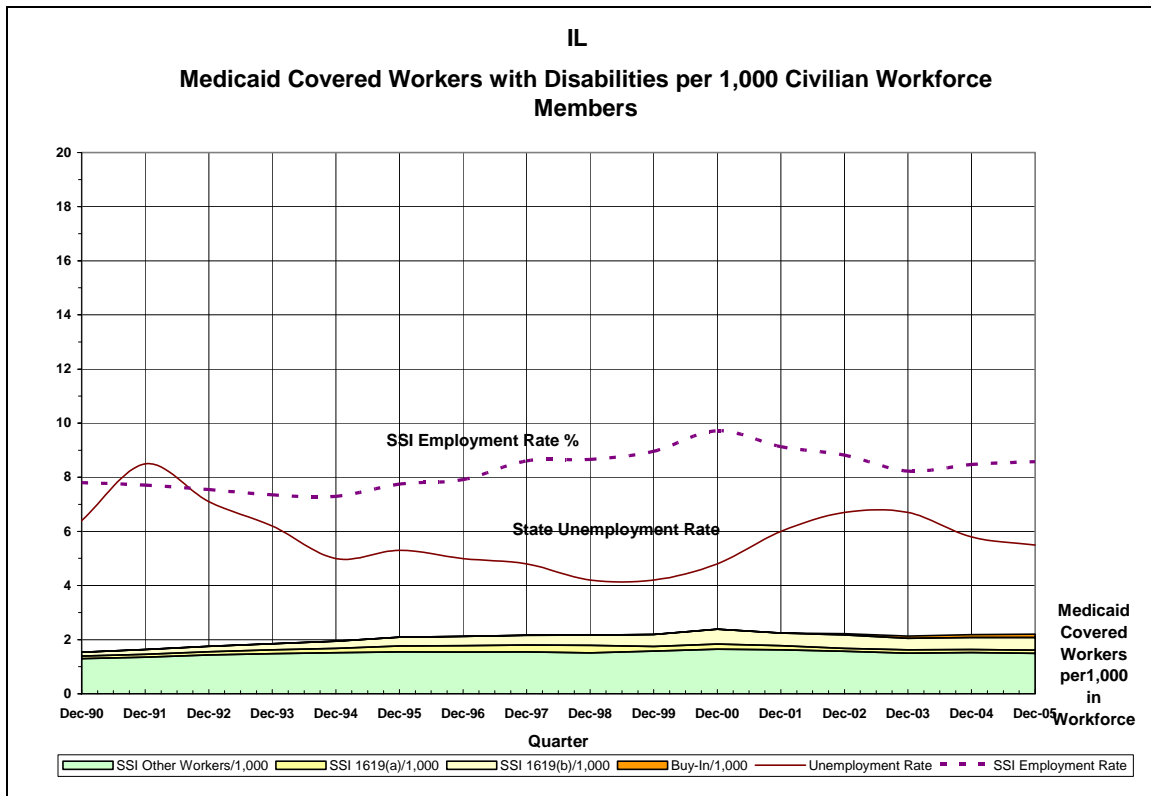
Quarter4: Hiring additional staff to address the Part D issues allowed the application processing time to stay within the goal time frames. Average processing time for the last quarter is less than 15 days (14.46).

Personal Assistance Services

No State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Health Benefits for Workers with Disabilities
Implementation Date	January 01, 2002	Federal Authority	TWWIIA Basic
Income Eligibility	200% FPL	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	some income disregards (not all SSI)
Counting Unearned Income Method	some income disregards (not all SSI)	Resource for Individual Limit	\$10,000 of applicant and spouse
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Premiums are calculated on approximations of 7 1/2% of unearned, 2% of earned income. Premium costs range from \$6.00 to \$100.00 per month.	Medicaid Eligibility Review	Annually
Web Site for Additional Information	www.hbw.dllinois.com	Work Requirement	payment into FICA
Enrollees at Beginning of Year	670	Enrollees at End of Quarter	788



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Indiana

Agency	Project Director	Project Officer
Office of Medicaid Policy and Planning	Andrea Vermeulen 317-234-2129 avermeulen@fssa.state.in.us	Phil Otto 410 786.7252 potto@cms.hhs.gov
Website:	http://www.in.gov/fssa/healthcare/med/	Type of Grant: Continuation
Program Description		
Indiana MIG activities seek to find innovative and collaborative ways to help remove barriers to competitive employment for people with disabilities. These activities include such activities as evaluating the need for and feasibility of enhancing PCS, conducting an education and outreach campaign for the public regarding work incentives, facilitating collaboration among stakeholders and increasing effectiveness of advisory councils and other policy-making bodies.		

Grant Outcomes

Planned Outcome 1

Business leaders are involved in expanding opportunities for people with disabilities through a statewide Business Leadership Network which provides support and resources.

Strategy

Engage Indiana Economic Development Corporation in efforts and increase profile of employees with disabilities through increased involvement with business community.

Accomplishments

Quarter1: completed draft of new work supports website

Quarter2: Regional focus groups held around the state to review the proposed work supports website. Website revised based on focus group input. Website content delivered to State to review.

Quarter3: Finished content for new Hoosiers Ready to Work Website. Submitted to webmaster for posting. Should be live by the end of the year.

Quarter4: New buy-in/work incentives website rolled out. Employment First Summit was held in September. Follow-up activities included a summary report and distribution of report and fact sheets. Organizational committee continues to meet to spearhead recommended actions.

Planned Outcome 2

Benefits Planning Assistance and Outreach Organizations have increased capacity to serve all who need benefits planning.

Strategy

Expand Benefits Information Network program. Phase 2 activities to make BIN activities more integrated into VR system.

Accomplishments

Quarter1: Developed a business plan. Draft request for quotes to find an executive director home for the BLN

Quarter2: Request for Quotes for staffing and establishing BLN distributed.

Quarter3: Sponsored Employment First Summit on September 29. Representatives from business community attended, including someone from new Indiana Economic Development Corp. Are pursuing contract to build a statewide BLN.

Quarter4: RFQ distributed to find a "home" for the establishment of a statewide BLN. Participants in the Employment First Summit identified a statewide BLN and involvement with the state's Indiana Economic Development Corporation as top priorities. Strategy session to engage IEDC.

Planned Outcome 3

Individuals and organizations have access to comprehensive, reliable information about buy-in and other state and federal work incentives.

Strategy

Implementation of phase 2 changes to website. Employment Network Forum to provide information on new Ticket regs to increase participation in program.

Accomplishments

Quarter1: Development of MOU with VR for partnership in this effort. VR will pay for the services of the BIN, MIG pays for the training and QA for the BIN. Development of VR contract with IIDC to develop BIN.

Quarter2: MOU with VR for collaboration completed. VR completed contracting process with BPAOs to establish and maintain the BIN. Procedures for billing were established by VR and BPAO. Potential BINners were identified and invited to participate. Trainings were planned and training materials developed.

Quarter3: Training for BIN staff complete. Program was originally scheduled to go live October 1. Officially started November 1.

Quarter4: Trained BIN personnel. Rolled out BIN program statewide. Participated in TA session on BIN program at annual NCHSD conference in Chicago. Identified by DOL as Best Practice.

Planned Outcome 4

Individuals in buy-in program demonstrate improved health outcomes.

Strategy

Partner with Medicaid Chronic Disease Management program to train Nurse care managers in work incentives. Embed an emphasis on employment as a priority in the Medicaid system in Indiana.

Accomplishments

Quarter1: Entering the final phase of the needs assessment.

Quarter2: PAS needs assessment and feasibility study with recommendations was completed and is being distributed.

Quarter3: PAS report completed in June. Distributed to stakeholders. Working on developing a plan of action to deal with results.

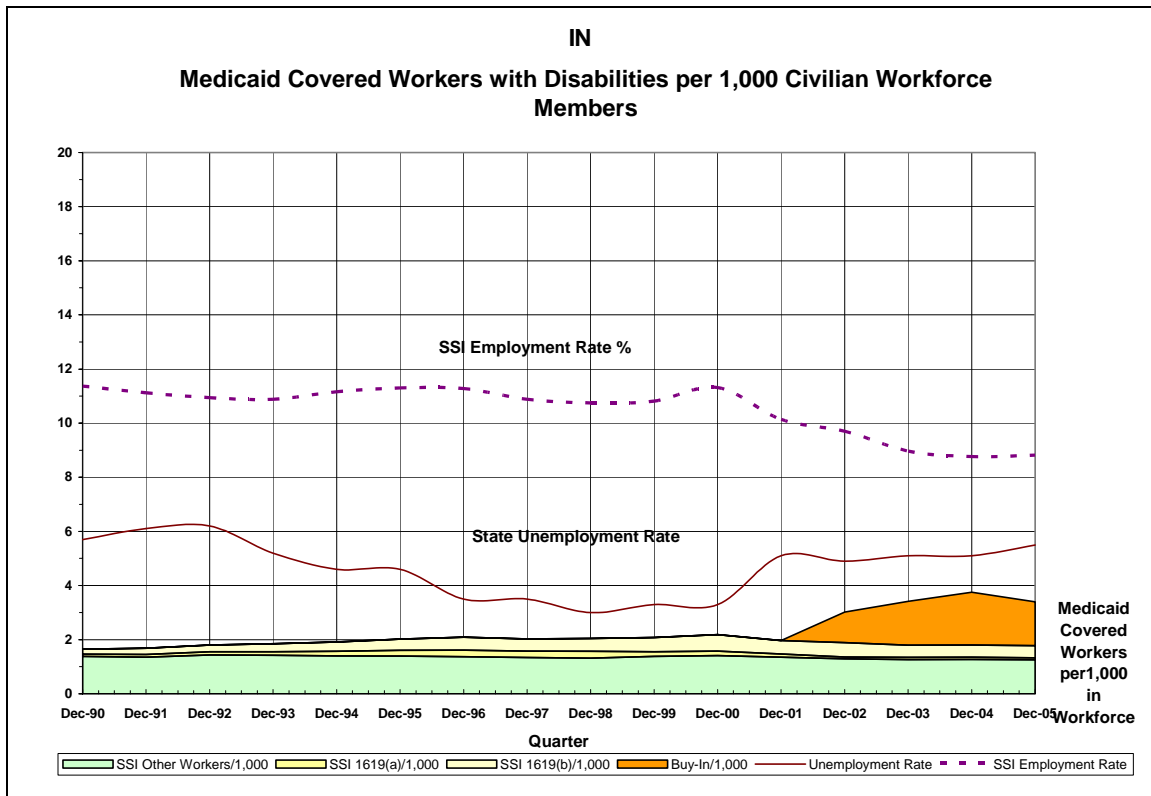
Quarter4: Completed and distributed.

Personal Assistance Services

No State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid for Employees with Disabilities (M.E.D. Works)
Implementation Date	July 01, 2003	Federal Authority	TWWIIA Basic
Income Eligibility	350%	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	2000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Based on percentage of applicant and spouse's gross income according to family size. Premiums are adjusted if applicant pays premiums for private health insurance.	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	<u>n/a</u>	Work Requirement	verifiable employment
Enrollees at Beginning of Year	5,186	Enrollees at End of Quarter	5,225



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The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Iowa

Agency	Project Director	Project Officer
Iowa Department of Human Services Bureau of Long Term Care	Jennifer Steenblock 515-725-1299 jsteenb@dhs.state.ia.us	Carey Appold 410/786-2117 carey.appold@cms.hhs.gov
Website:	www.dhs.state.ia.us	Type of Grant: Conditional
Program Description		
Iowans with disabilities and advocates will work in partnership with state government staff to improve Iowa's Medicaid Buy-In program to ensure people have adequate health care coverage and are able to earn a substantial income; increase and enhance Medicaid-funded employment supports for people with disabilities, and conduct education and awareness activities that promote employment for people with disabilities.		

Grant Outcomes

Planned Outcome 1

To increase the self sufficiency and incomes of those participating members of Iowa's Medicaid Buy-In program, Medicaid for Employed Persons with disabilities (MEPD)

Strategy

Making improvements to the buy-in program. Policy changes and improvements will be made using 1st evaluation; 2nd evaluation will be completed, a longitudinal design will be developed, the MEPD advisory committee will continue to meet to provide input, impact analysis study on T18 part d will be done.

Accomplishments

Quarter1: Final 1st evaluation report was completed and distributed; sub committee has thoroughly reviewed results and have developed a work plan on changes to increase employment and self sufficiency of enrollees, initial work done on 2nd evaluation.

Quarter2: Work continues on the 2nd evaluation. The advisory committee continues to meet and discuss policy changes for the buy-in. Training done with state eligibility staff on goals and intent of the buy-in. Selected interns and established process for impact analysis study on PartD.

Quarter3: Advisory committee continued to meet, and decided work plan will be implemented in Spring 2006. Committee identified MEPD marketing strategies and revised the MEPD evaluation survey instrument. The 2nd MEPD evaluation has begun.

Quarter4: Advisory committee continued to meet. The 2nd MEPD evaluation was completed. Analysis of the evaluation will begin in January 2006.

Planned Outcome 2

Increase and enhance Medicaid funded employment supports for people with disabilities.

Strategy

Outreach and social marketing will be completed to select employers around the state on workplace PAS options and self direction: projected costs for the PAS state plan benefit recommendation report will be updated.

Accomplishments

Quarter1: work began on a on a contract for social marketing.

Quarter2: Contract negotiations continue for entity to conduct outreach and social marketing.

Quarter3: Preparation/planning for social marketing on self direction option for the HCBS programs began. Staff prepared presentation materials.

Quarter4: Work continued to add self-direction option to the HCBS waivers which will expand employment supports. A presentation was made to legislators on the self-direction option.

Planned Outcome 3

Promote employment for people with disabilities and change attitudes of stakeholders.

Strategy

Education and awareness will be done: self employment workshops for the MEPD members; TA forums with youth transition teams formed; employment transition workshop with county staff & case managers; strategic planning with county staff; newsletters sent to MEPD members; ongoing training with providers

Accomplishments

Quarter1: an employment workshop with case managers has been scheduled for this summer; planning/contracting has begun on the self employment workshops, planning with county management staff has begun.

Quarter2: 2 self-employment workshops scheduled for August; employment transition workshop for case managers scheduled for August; training held with providers at regional meetings

Quarter3: An employment transition workshop held with approx. 200 case managers; planning another employment transition workshop for Nov.; Held 2 self-employment workshops held for approx. 65 MEPD enrollees; planning begun for 2 additional self-employment workshops; newsletter sent to all MEPD enrollees

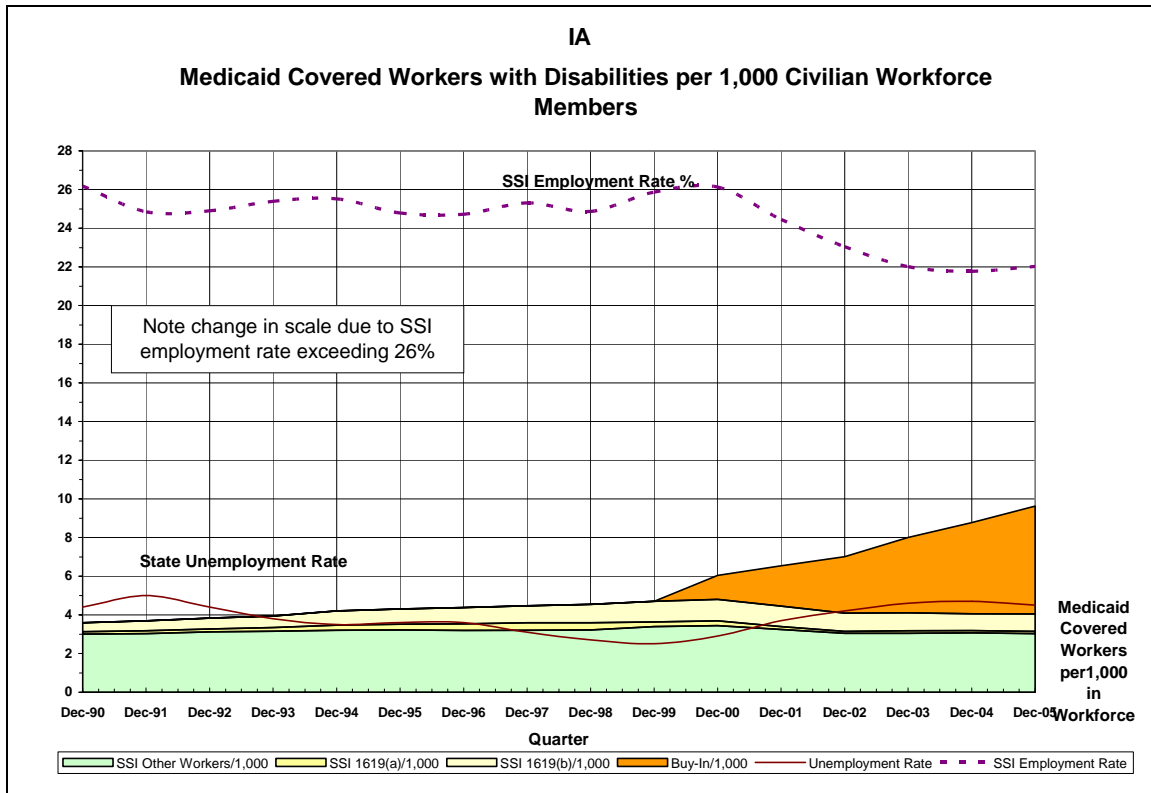
Quarter4: Two self-employment workshops were held with approx. 60 MEPD enrollees attending. A community employment workshop was held for 105 attendees (service providers, consumers, families, AEA staff, voc rehab staff, transition specialists, case managers and county funders.

Personal Assistance Services

No State Plan and 4 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid for Employed People with Disabilities (MEPD)
Implementation Date	March 01, 2000	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	12,000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Based on gross earned and unearned income of the disabled individual.	Medicaid Eligibility Review	Monthly
Web Site for Additional Information	http://www.dhs.state.ia.us/dhs2005/mhdd/mepd/index.html	Work Requirement	na
Enrollees at Beginning of Year	6,231	Enrollees at End of Quarter	9,243



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Kansas

Agency	Project Director	Project Officer
Division of Health Policy and Finance	Mary Ellen O'Brien Wright (785) 296-5217 meow@srskansas.org	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	http://www.workinghealthy.org	Type of Grant: Conditional
Program Description		
The Kansas Medicaid Buy-In program, Working Healthy, will use MIG funds to increase program enrollment by promoting employment and expanding personal assistance services through an 1115 Independence Plus Waiver. Grant efforts will include improving services at Kansas Workforce Development Centers, educating employers about the program, and promoting SSA work incentives. Outreach efforts will also target medical providers and the transition age population. Infrastructure development will include incorporating the Medically Improved population into Working Healthy.		

Grant Outcomes

Planned Outcome 1

Provide personal assistance and related services as a State Plan service, or through waivers, in order to increase the number of enrollees with cognitive and physical disabilities in Working Healthy, the Kansas Medicaid Buy-In program.

Strategy

Submit for approval a State Plan amendment, available under the Deficit Reduction Act, to provide personal assistance and related services to individuals with physical and developmental disabilities who wish to enroll in Working Healthy.

Accomplishments

Quarter1: The Kansas Department of Social and Rehabilitation Services (SRS) submitted an application in August 2004, responded of the first Request for Additional Information (RAI) in December of 2004, and second RAI in March 2005.

Quarter2: SRS staff and CMS continue discussions, and all major issues related to eligibility and services appear to be resolved. Yet to be resolved are issues related to budget neutrality, and discussions regarding this will continue during the third quarter.

Quarter3: MIG staff continue to work with relevant Division of Health Policy and Finance (DHPF) staff and CMS Regional and Central Office staff for approval of an 1115 Independence Plus waiver that would provide personal assistance services for Buy-In enrollees who need the service.

Quarter4: MIG staff resolved the budget neutrality issues during the final quarter, and submitted the information to CMS.

Planned Outcome 2

Increase employment of Social Security beneficiaries by increasing their understanding of the Ticket-to-Work and Medicaid Buy-In.

Strategy

Educational mailings sent to all "ticket" recipients in Kansas; follow-up by Benefit Specialists for individuals requesting additional information; survey of 2005 enrollees to determine the impact of the outreach and follow-up efforts.

Accomplishments

Quarter1: Mailings were sent to 66,500 SSA beneficiaries in Kansas who received "tickets". Benefits Specialists received approximately 488 calls requesting information; 14 people enrolled in Working Healthy; and approximately 100 individuals were referred to ENs and VR for employment assistance.

Quarter2: Mailings and requests for information are now complete. Still to be completed is the survey to determine whether the mailing and follow-up information had any impact on the employment of individuals with disabilities.

Quarter3: Mailings and requests for information are now complete. Still to be completed is the survey to determine whether the mailing and follow-up information had any impact on the employment of individuals with disabilities.

Quarter4: The mailing was completed and Benefits Specialists provided additional information, as requested. While Buy-In enrollment may have increased slightly as a result of the mailing, the evaluation team did not notice a spike in enrollment due to the mailing or follow-up.

Planned Outcome 3

Increase the numbers of employed individuals with disabilities who have health care by increasing enrollment in the Kansas Medicaid Buy-In program, Working Healthy.

Strategy

Regional outreach activities by Benefits Specialists.

Accomplishments

Quarter1: Working Healthy enrollment increased from 823 enrollees at the beginning of the 2005 first quarter to 867 (866 Basic and one Medically Improved) at the end of the 2005 first quarter; an approximately 5% increase in enrollment.

Quarter2: Enrollment has increased by 110 individuals since the beginning of the year, a 13.5% increase. Benefits Specialists provided a total of 173 presentations to 3,518 individuals. They also provided 1,061 technical assistance contacts.

Quarter3: Working Healthy has experienced a 19% increase in 2005, with a total enrollment of 980 individuals at the end of the third quarter. Benefits Specialists provided 204 outreach presentations to 1,570 individuals.

Quarter4: Benefits Specialists completed 269 presentations involving approximately 2,187 participants. Working Healthy experienced a 22% increase in enrollment in 2005. (Many presentations during the last two quarters focused on Medicare Part D information.)

Planned Outcome 4

Increase employment of the youth population by increasing the number of youth enrolled in the Kansas Medicaid Buy-In program, Working Healthy.

Strategy

Minimum of two transition outreach activities per Benefits Specialist per month and co-sponsor the Kansas Youth Leadership Forum (KYLf).

Accomplishments

Quarter1: Benefits Specialists made a total of 20 transition outreach activities during the first quarter. Youth enrollment will be measured following the final quarter.

Quarter2: Benefits Specialists made 29 contacts targeted toward the transition age population. The number of individuals between the ages of 20-24 increased by 3 (1.8% of total enrollment). MIG funds were used to sponsor the KYLF, attended by 35 youth and 42 youth mentors.

Quarter3: Benefits Specialists conducted a total of 27 outreach activities targeting transitioning youth. 19 individuals ages 20-24 (1.9%) and 55 individuals 25-29 (5.6%) are enrolled. While youth enrollment has increased, overall percentage remains similar to earlier quarters.

Quarter4: Benefits Specialists conducted 14 presentations targeting transitioning youth. 82 individuals ranging in age from 16 to 29 are now enrolled. There was a slight increase in percentage of enrollees in this age group during the fourth quarter (16-20 = .2%; 21-25 = 2.5%; 26-29 = 5.4%).

Planned Outcome 5

Increase employment of people with disabilities by educating the service delivery providers at the Kansas Workforce Centers (KWC) about serving people with disabilities.

Strategy

Offer disability training for staff of KWCs located throughout Kansas.

Accomplishments

Quarter1: One Benefit Specialist is placed at a Kansas Workforce Development Center (WDC) one afternoon per week to act as a "Disability Navigator", assisting consumers with disabilities, and providing technical assistance for WDC staff.

Quarter2: A Benefits Specialist acting as a Disability Navigator spends one afternoon each week at the KWDC in Topeka. Disability training financed by MIG funds and provided by staff of an Independent Living Center began during this quarter. Two trainings have been provided to date.

Quarter3: A Benefits Specialists is still placed part-time at the Workforce Development Center in Shawnee County, Kansas. Four educational programs have been offered to date.

Quarter4: Eight trainings have been completed, with seven still to be completed. A Disability Navigator continued to be available to provide technical assistance at one KWDC in northeast Kansas.

Planned Outcome 6

Increase the number of individuals with disabilities employed and with health care by educating employers about the Medicaid Buy-In program.

Strategy

A minimum of three employer outreach contacts per Benefits Specialist per month.

Accomplishments

Quarter1: Benefits Specialists made 43 contacts with employers during the first quarter to educate them about Working Healthy.

Quarter2: Benefits Specialists made direct contact with twenty-five employers during the second quarter to educate them about Working Healthy.

Quarter3: Benefits Specialists made a total of 41 employer contacts during the third quarter.

Quarter4: Benefits Specialists made a total of 25 contacts during the fourth quarter to educate employers about Working Healthy.

Planned Outcome 7

Improve access to health care for employed people with disabilities by educating medical providers about the Kansas Medicaid Buy-In program, Working Healthy.

Strategy

A minimum of three outreach contacts with medical providers per Benefits Specialist per month.

Accomplishments

Quarter1: Benefits Specialists made 20 contacts with medical providers during the first quarter.

Quarter2: Benefits Specialists contacted twenty-one medical providers to discuss the health care benefits available through Working Healthy.

Quarter3: Benefits Specialists contacted 49 medical providers during the third quarter to educate them about Working Healthy.

Quarter4: A total of 28 medical provider outreach contacts were made during the final quarter.

Planned Outcome 8

Provide continued Medicaid coverage for individuals who lose SSA disability determination due to "medical improvement".

Strategy

Implement "Medically Improved" (MI) coverage effective 02/01/05, in addition to "TWWIIA Basic" coverage, in the Kansas Medicaid Buy-In program, Working Healthy; collect data regarding this population.

Accomplishments

Quarter1: Coverage of individuals who are considered "Medically Improved" (MI) began on schedule, and one individual moved from Working Healthy Basic coverage to MI coverage during the first quarter. Data is being collected on MI enrollees, as is data for individuals who appeal the MI decision.

Quarter2: Two individuals moved from Basic coverage to medically improve during the second quarter, bringing the total to three individuals.

Quarter3: Implementing the addition of the Medically Improved group was accomplished in February 2005. To date, three individuals have moved from Basic to Medically Improved coverage.

Quarter4: Implementation of the medically improved group was completed in February 2005. Three individuals moved from Basic coverage to medically improve during 2005.

Planned Outcome 9

Promote employment of people with disabilities and participation in the Kansas Medicaid Buy-In program, Working Healthy, by annually evaluating the program effectiveness and long term outcomes.

Strategy

Evaluate satisfaction of Working Healthy enrollees; identify and correct barriers to program enrollment and ongoing participation; identify issues and trends that impact the employment and health care of people with disabilities.

Accomplishments

Quarter1: A longitudinal evaluation, consumer satisfaction evaluation, and an evaluation of one Kansas Workforce Development Center, are conducted by the University of Kansas.

Quarter2: The University of Kansas (KU) continues to evaluate and report on consumer satisfaction with Working Healthy. KU also evaluates other aspects of the program. During this quarter KU evaluated the program from the perspective of eligibility workers. The Working Healthy longitudinal study is ongoing.

Quarter3: The University of Kansas continues to evaluate the program. In June 2005, they conducted both the consumer satisfaction survey and the longitudinal survey.

Quarter4: The University of Kansas continues to provide program evaluation. During 2005, evaluators conducted consumer satisfaction, longitudinal, and Medicare Part D surveys, and compiled the results.

Planned Outcome 10

Promote employment of people with disabilities through programmatic technical assistance which provides information regarding employment initiatives and enhances and increases the efficiency of the Medicaid Buy-In infrastructure.

Strategy

Contract with organizations that provide technical assistance and state-to-state sharing relevant to Medicaid Buy-In infrastructure and employment.

Accomplishments

Quarter1: Contracts with three technical assistance providers have been developed and are in the process of agency and contractor approval. All contracts should be finalized early in the second quarter.

Quarter2: MIG staff continue to participate in APHSA and NCHSD business calls, work groups, and to request technical assistance as needed. Benefits Specialists continue to participate in RCEP's BPAO training, and receive one-on-one technical assistance as needed.

Quarter3: MIG staff continue to participate in state-to-state technical assistance conference calls and meetings conducted by APHSA and NCHSD. Benefits Specialists also receive RCEP BPAO technical assistance and training as needed. MIG staff provided technical assistance to other states as requested.

Quarter4: MIG staff continue to participate in state-to-state technical assistance calls and meetings. Staff have provided technical assistance when requested to do so.

Planned Outcome 11

Promote employment of people with disabilities by assisting all Working Healthy enrollees' transition to Medicare Part D prescription drug coverage, ensuring that their medications are available and their health is maintained.

Strategy

Benefits Specialists outreach, satisfaction surveys and other follow-up, and technical assistance with Working Healthy enrollees regarding transition to Medicare Part D coverage.

Accomplishments

Quarter1: N/A

Quarter2: Part D prescription coverage information was developed and mailed to enrollees.

Eligibility workers received intensive training. Educational materials were developed and 70 statewide presentations scheduled. Presentations will be offered for enrollees and service providers during the next quarter.

Quarter3: 84 statewide presentations were provided for 1,321 participants. Evaluations indicated that participants knew little regarding Part D prior to the presentation, and felt they knew considerably more following it. Presentations during the late fall will focus on drug plans and formulary education.

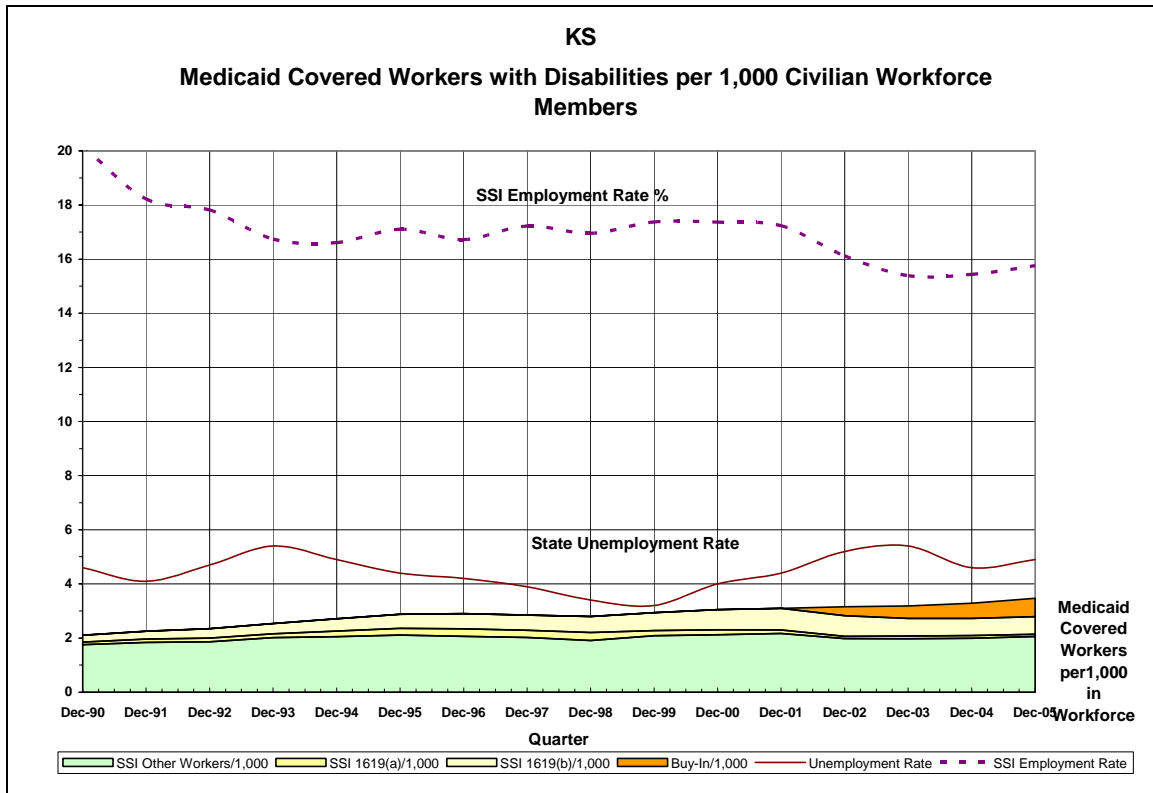
Quarter4: Benefits Specialists provided a total of 72 educational presentations to approximately 675 enrollees and services providers. The University of Kansas will evaluate the effectiveness of the outreach, as well as the impact of Part D on the ability of enrollees to obtain medication.

Personal Assistance Services

PAS by State Plan and 6 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Working Healthy
Implementation Date	July 01, 2002	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	Up to 300% of the FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	15,000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Sixteen premiums ranging \$55 to \$152 for a single person and \$74 to \$205 for a household of two or more. Income ranges are assigned to each premium level, e.g., \$749.01 - \$936.00 = \$55.00 premium. Cannot exceed 7.5% of income.	Medicaid Eligibility Review	Every 6 months
Web Site for Additional Information	www.workinghealthy.org	Work Requirement	Payment of FICA or, if self-employed, SECA
Enrollees at Beginning of Year	823	Enrollees at End of Quarter	1,006



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Kentucky

Agency	Project Director	Project Officer
Cabinet for Health and Family Services, Department for Medicaid Services	Angela Kirkland 502-564-7540 Angela.Kirkland@ky.gov	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	www.chfs.ky.gov/dms	Type of Grant: Conditional
Program Description		
Feasibility study for designing and implementing a Medicaid buy-in program in Kentucky.		

Grant Outcomes

Planned Outcome 1

Increase access to competitive employment for people with disabilities.

Strategy

Develop a statewide steering committee representing the disability community, employers, service providers, and legislators together with representative from the state agencies involved in the project.

Accomplishments

Quarter1: Still planning.

Quarter2: A committee list has been developed, an inaugural meeting has been scheduled and invitations are being drafted

Quarter3: Committee formed and inauguration meeting held. Will continue to meet quarterly to discuss and shape related policy.

Quarter4: Continued meetings with committee and progress is being made to shape policy.

Planned Outcome 2

Increase the number of people with disabilities who maintain employment, through the support of a Medicaid Buy-In program.

Strategy

Contract with University of Kentucky Martin School of Public Policy and Administration for a feasibility study. Collect data on buy-in costs and utilization in other States. Identify barriers to employment and proposals for removal.

Accomplishments

Quarter1: Agreement has been submitted.

Quarter2: Other states have been contacted for buy-in and personal assistance data.

Quarter3: Developed work plan, presented overview to Steering Committee, scheduled focus groups and developed focus material

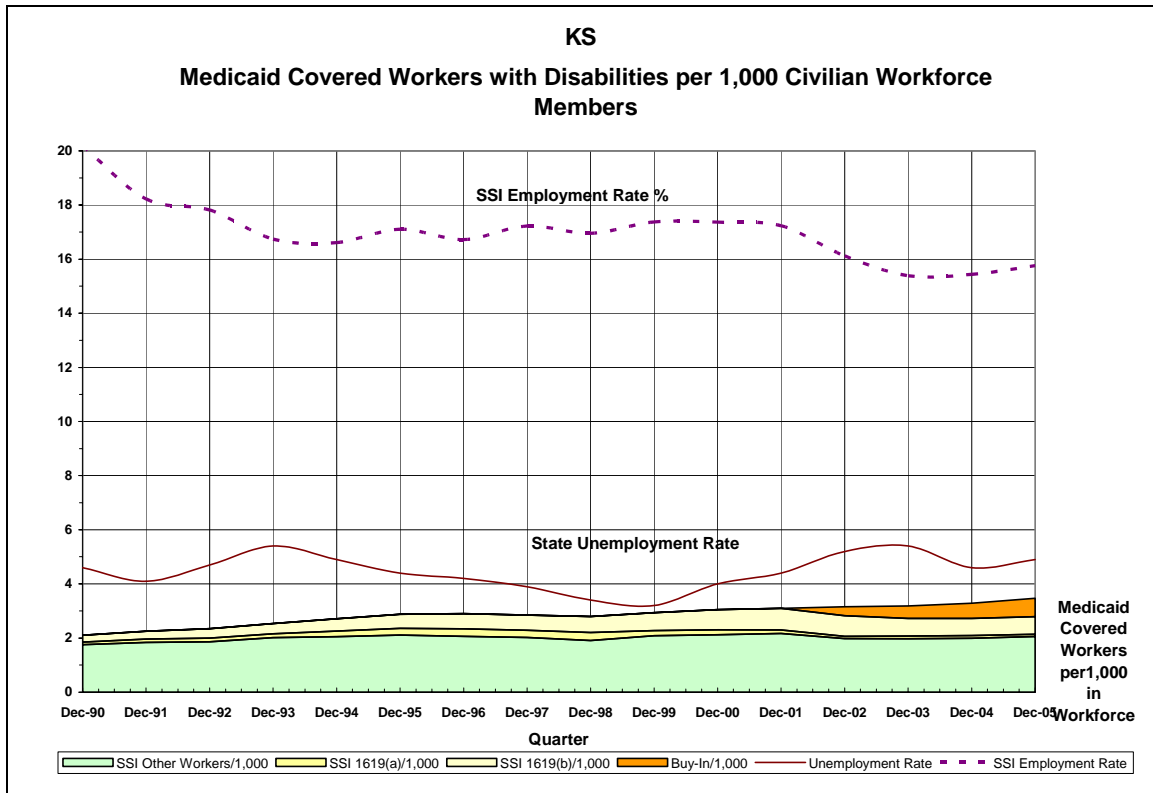
Quarter4: Continued work with focus groups and development of work plans.

Personal Assistance Services

No State Plan and 3 Waivers

Medicaid Buy-In

Actively pursuing a buy-in.



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

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Louisiana

Agency	Project Director	Project Officer
LA. STATE DEPARTMENT OF HEALTH AND HOSPITALS	ELAINE RICHARD 225-342-3159 ERichard@dhh.la.gov	Phil Otto 410 786.7252 potto@cms.hhs.gov
Website:	www.LaMPP.org	Type of Grant: Continuation
Program Description		
Louisiana's MIG project seeks to encourage greater employment and independence for people with disabilities by facilitating work opportunities, strengthening existing work supports, removing barriers to employment, ensuring access to health care and personal assistance, and changing state infrastructures by reinforcing relationships and eliminating silos among agencies and organizations which serve people with disabilities.		

Grant Outcomes Planned Outcome 1

N/A

Strategy

N/A

Accomplishments

Quarter1: LBLN contract is operational through 12/31/05; statewide teleconference meetings were held on 02/21 & 03/15; job fairs are being scheduled in 9 cities on 10/4, 5 or 6.
 Quarter2: statewide teleconference meetings were held 4/26, 5/24, & 6/28; outdoor and radio campaigns have been developed; promotional items have been delivered.
 Quarter3: N/A
 Quarter4: N/A

Planned Outcome 2

enhance consumer satisfaction, increase program enrollment, and increase employment success of buy-in enrollees by tracking and evaluating processes, outcomes, and impact of the program

Strategy

contract with LSU to provide analytical support; expand, refine & implement customer satisfaction surveys and other monitoring tools; encourage responses by providing promotional incentives to survey participants.

Accomplishments

Quarter1: in 02/05 survey instruments were mailed to 267 persons certified between 05 & 10/04, 473 persons who had been denied between 05 & 10/04, and 28 individuals who agreed to participate in on-going evaluation efforts; survey instruments and results are available at www.LaMPP.org
 Quarter2: Annual Data Report submitted 06/17/05, survey instruments were revised, promotional items were identified and ordered.
 Quarter3: Annual data report was submitted on 06/17; follow-along survey instruments were mailed on 07/08; certification and non-qualifying surveys were mailed on 08/07.
 Quarter4: responses to 08/05 follow-along, certification, and non-qualifying surveys were received, reviewed and tabulated.

Planned Outcome 3

Increase employment, earnings, and buy-in enrollment for persons with disabilities through consumer, advocate & other stakeholder participation with Medicaid Purchase Plan outreach, education, program review and evaluation.

Strategy

Contract with Mental Health Association to staff & support Advisory Council; hold quarterly meetings to facilitate full participation in project activities; contract with New Horizons to conduct monthly Work Incentives Workshops & identify & train new partners.

Accomplishments

Quarter1: MHAL & New Horizons contracts are operational; 1st quarter AC meeting was held in 02/05 in conjunction with Federal Ticket Advisory Panel meeting in New Orleans.

Quarter2: 2nd quarter meeting was held on 04/18 & 19, WI partner training held on 06/06, 2006 MIG application work group was established; Outreach work group developed 1st round of MMA material which have been approved and released.

Quarter3: Third quarter AC meeting was held in Shreveport on 08/18 & 19.

Quarter4: net MPP enrollment increased by 88% in 2005; 4th quarter meeting held in Pineville on 10/20; Work Incentives workshops began again following hurricanes and continued in north La through the end of the year.

Planned Outcome 4

Increase knowledge of Medicare Prescription Drug coverage for Medicaid Purchase Plan enrollees with Medicare.

Strategy

Establish MPP/Medicare database; mail MMA Postcards to dual enrollees: answer MMA calls to MPP/MSP hotline; mail reminder letters to enrollees; call all dual enrollees; mail Enrollment packets; conduct Enrollment Events and/or Individual Enrollment Sessions

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: all MMA materials were approved by CMS, postcards were mailed on 6/15 & reminder letters on 09/29; 14 Enrollment Events scheduled in 9 cities

Quarter4: 14 enrollment events were held across the state in 11 and 12/05; 144 dual eligible MPP/Medicare clients who attended the events were helped to compare plans and enroll in one that met their need; more than 30 others were helped by phone in late December.

Planned Outcome 5

Increase employment for people with disabilities by providing access to work opportunities for those seeking employment & encourage more employers to hire people with disabilities by introducing them to businesses and their recruiters

Strategy

Provide staffing and support services for job fairs via contract with Louisiana Business Leadership Network (LBLN); support local committees by hosting monthly teleconference meetings; conduct statewide media campaigns through radio & outdoor advertising & promotional items

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: radio ads & billboards ran statewide in September; local teams in Shreveport, Monroe & Baton Rouge decided to proceed with events as scheduled

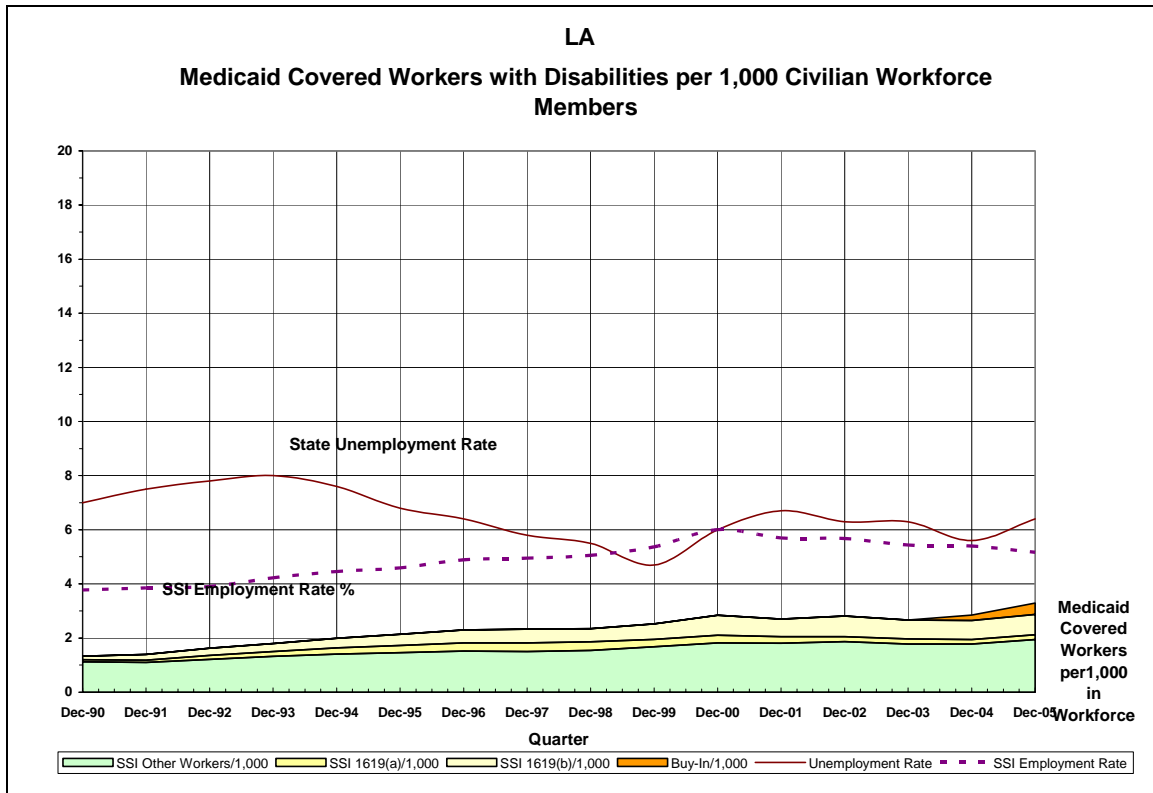
Quarter4: job fairs were held in 7 cities in 10 & 11/05; a Virtual Job Fair was held for the greater New Orleans area in 10/05; 725 job seekers were connected with 192 businesses & more than 100 job applications were filed via the Virtual Job Fair; at least 14 job seekers have been hired.

Personal Assistance Services

PAS by State Plan and 1 Waiver

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Purchase Plan for workers with disabilities
Implementation Date	January 01, 2004	Federal Authority	TWWIIA Basic
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	25,000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	premium tiers based on FPL: < 150% = \$0; 150-200% = \$80; 200-250% = \$110	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.LaMPP.org	Work Requirement	earnings must be reported and all applicable taxes must be paid
Enrollees at Beginning of Year	410	Enrollees at End of Quarter	770



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Maine

Agency	Project Director	Project Officer
Maine Department of Health and Human Services	Larry Glantz 207-228-8345 glantz@usm.maine.edu	Phil Otto 410 786.7252 potto@cms.hhs.gov
Website:	http://choices.muskie.usm.maine.edu/ Type of Grant: Comprehensive	
Program Description		
The CHOICES Comprehensive Employment Opportunity (CEO) will increase Maine's support for individuals with disabilities who work, or who wish to work. It will develop and implement a detailed strategic plan that builds Maine's work force while improving the lives of many individuals with disabilities. The strategic plan which is developed in the first year will be forwarded to Maine's Governor, Maine's new Workforce Cabinet, the Maine Legislature, the general public, and to all involved stakeholders, including people with disabilities, service providers, employers, and advocacy groups.		

Grant Outcomes

Planned Outcome 1

Maine will increase the employment of workers with disabilities through action steps that are part of a comprehensive strategic plan that identifies priorities, opportunities, resources and strategies for systems change aimed to maximize the competitive employment of Maine people with disabilities.

Strategy

N/A

Accomplishments

Quarter1: Have obtained support of state Workforce Investment Board and begun actual in-depth work with Committee. Have begun development of systems mapping tools and related resource maps that will help to guide strategic planning. Have received enthusiastic support from Governor and many other key leaders.

Quarter2: There are simultaneous mapping and strategic planning activities going on with a variety of existing groups in the state. Each of these separate assessment activities is generating logic models, system inventories, resource maps, and other qualitative and quantitative data for analysis

Quarter3: Have completed many separate mapping and strategic planning activities, providing significant data for use in strategic planning by three central planning groups we are working with. In each separate area we are generating logic models, resource maps and related products

Quarter4: Completed draft of state strategic plan on 11/30/05, submitted to CMS and disseminated for review and comment internally in Maine. Held series of public forums for comment on the draft plan, and had review sessions with each of the planning leadership groups.

Planned Outcome 2

Maine will engage employers to identify barriers to hiring and retention of workers with disabilities and include employer priorities in the statewide strategic plan

Strategy

Go directly to employers for extensive data on workforce needs, employment barriers, and other information. Seek this data through existing employer communication channels - both through a business-to-business survey, as well as in existing Chambers of Commerce and similar groups.

Accomplishments

Quarter1: Bought three questions in major statewide business survey that goes to more than 400 employers. Will get results of this survey in 2nd quarter, our questions plus cross-tabs with other survey questions. Planned series of meetings with employer groups across state - Will schedule these next quarter.

Quarter2: Completed a statewide survey of 400 employers, plus completed about half of the employer focus and discussion groups that we have planned. (see more detail on this in research section of this report).

Quarter3: In June completed a survey of 400 employers, plus completed all but one of the employer focus and discussion groups that were planned. Have also had success bringing some employers into broader strategic assessment discussions

Quarter4: Released copy of report entitled "Employer Practices and Attitudes Regarding Employing People with Disabilities," which contains results and analysis of statewide business survey and also focus groups and other meetings with business representatives.

Planned Outcome 3

Maine will engage employers by implementing action steps that are part of a comprehensive strategic plan to address identified barriers and other issues related to hiring and retention of workers with disabilities.

Strategy

N/A

Accomplishments

Quarter1: 1. Updated outreach materials to reflect changes in eligibility levels - printed and disseminated new brochures, fact sheets, and updated web pages. 2) Began new strategic planning efforts with state Buy-In Advisory Group to identify priorities for buy-in improvements and outreach to work on.

Quarter2: Successfully worked with Medicaid agency, consumers and advocates on legislation to remove or to reduce the unearned income limit on Maine's buy-in program. Though the legislation did not pass, all parties were pleased with progress and resolve to try it again next legislative season

Quarter3: Continued activities that promote Medicaid Buy-In, distributing information and promotional materials wherever possible. Continue to educate agency managers and line staff about current status of buy-in and continued challenges that limit its use. Enrollment up by 78 so far this calendar year.

Quarter4: We are continuing activities that promote Medicaid Buy-In, distributing information and promotional activities wherever possible. Enrollment increased by 71 - an 11% increase - in the past calendar year. Activities to improve Buy-In are prominent in strategic plan, though not in top 6 priorities.

Planned Outcome 4

Maine will increase the numbers of enrollees in the MaineCare Workers with Disabilities Option (Medicaid Buy-In), and will increase average wages for individuals enrolled in this Option.

Strategy

N/A

Accomplishments

Quarter1: 1. Established contracts with 3 agencies providing benefits counseling services in Maine to provide increased funds from MIG. 2) Began quarterly meetings with these agencies to start resource mapping and strategic planning of current system 3) Began discussions with VR agency about VR support.

Quarter2: Performance reports from benefits counseling providers receiving MIG funds were compiled - this was first combined service data at state level. This initial data, combined with related VR agency service data, will be the baseline for service performance comparisons throughout the MIG term.

Quarter3: The MIG project has collected performance reports from the two provider organizations which offer benefit counseling services. Current discussions are engaged in merging MIG and VR performance reports into one, and using this data as the baseline for analysis throughout the MIG.

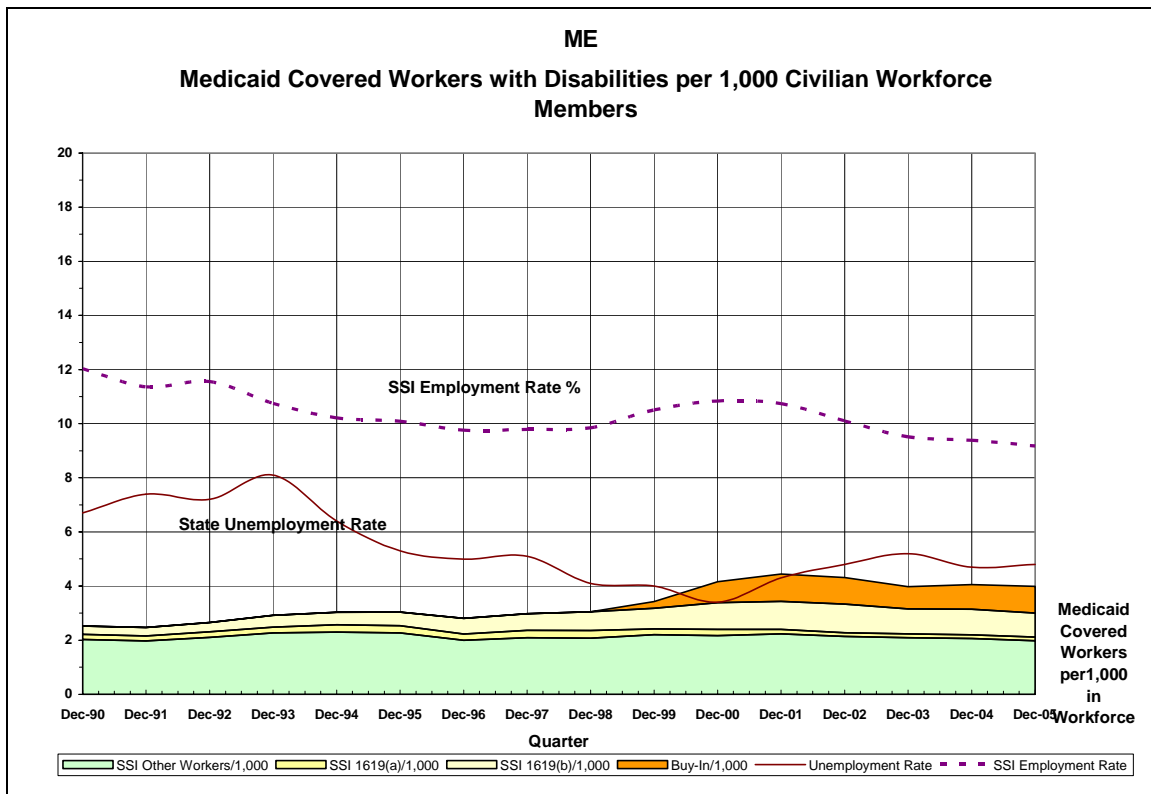
Quarter4: Have continued process throughout year to collect performance data and other measures on the two provider organizations that offer benefits counseling services. Development of this system is one of the top six strategic priorities in final Maine plan that will be implemented in early 2006.

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	MaineCare Workers Option
Implementation Date	August 01, 1999	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	8000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	best
Method to Calculate Monthly Premiums	\$10 premium for 150%-200% FPL, \$20 for 200%-250% FPL	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	http://www.maine.gov/dhhs/beas/work/	Work Requirement	proof of earned income, including pay stubs, tax return, or other
Enrollees at Beginning of Year	644	Enrollees at End of Quarter	715



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Maryland

Agency	Project Director	Project Officer
Maryland Department of Health and Mental Hygiene	Tricia Roddy 410-767-5809 RoddyT@dhmh.state.md.us	Carey Appold 410/786-2117 carey.appold@cms.hhs.gov
Website:	None	Type of Grant: Continuation
Program Description		
House Bill 630 of the 2003 Legislative Session directs the Department of Health and Mental Hygiene (DHMH) to establish a program for employed persons with disabilities that provides the opportunity for individuals with disabilities to be employed and qualified for program benefits. This Medicaid Buy-In option will help encourage people with disabilities to return to the workforce or increase their current levels of work, helping alleviate their dependence on cash assistance programs. Target implementation to begin enrolling individuals in the program is April 2006.		

Grant Outcomes

Planned Outcome 1

Individuals with disabilities can seek and maintain employment while also keeping Medicaid-supported health benefits thus reducing one barrier to employment.

Strategy

In order to implement a Medicaid buy-in program, advocacy efforts are needed with other state agencies and leadership for full-funding of \$5 million dollars from general funds to implement a true buy-in program.

Accomplishments

Quarter1: \$4 million has been allocated in the FY 06 budget to begin expanding the program to include a limited number of SSDI recipients. A revision to our original 1115 Waiver Amendment submitted to CMS in 2003 has been submitted, and regular dialogue has been established to move the program forward.

Quarter2: Received Section 1115 approval to implement a limited program extending Medicaid coverage to employed persons with disabilities modeled to comply with federal Buy-In regs. \$4 million allocated to the State budget in FY 2006.

Quarter3: Maryland Department of Disabilities and the Department of Health and Mental Hygiene are advocating for more funding in State FY07.

Quarter4: The State has been working to get the Employed Individuals Program fully funded.

Planned Outcome 2

Define the eligibility parameters for a Medicaid Buy-In program, effective 4/1/06. Parameters will serve as a platform for program regulations, to be finalized during the 3rd quarter of 2005.

Strategy

Working internally with information systems and eligibility staff, outline draft parameters for the program. Once internal consensus is achieved, share draft parameters with advocacy community, Maryland Dept. of Disabilities and CMS for feedback/approval.

Accomplishments

Quarter1: Draft parameters are near completion. Maryland has had several calls with CMS staff to answer any questions they have regarding our proposal. In late April, parameters will be shared with the advocacy community for feedback.

Quarter2: N/A

Quarter3: N/A

Quarter4: N/A

Planned Outcome 3

Understand the State's personal care services and the impact of personal care services on employment for individuals with disabilities.

Strategy

This study will help the State address shortcomings in its service delivery, reimbursement model, etc. for providers of personal care.

Accomplishments

Quarter1: Request for proposals issued; vendor selection process began in February 2005.

Quarter2: Ten states have been selected for the study. Research will be conducted in the next couple of months.

Quarter3: The contractors have finished all the components and are writing a summary of findings report for the State.

Quarter4: N/A

Planned Outcome 4

The study's results will aid in efforts to design a Buy-in program that best services the needs of Maryland's disabled population efforts as well as identifying MD's workplace barriers for those with disabilities seeking employment.

Strategy

Gain an understanding of barriers to employment and problems on the work site with using personal care services through focus group discussions with individuals with disabilities in order to design a program that suits this population's needs.

Accomplishments

Quarter1: Request for proposals issued; vendor selection process to began in February 2005.

Quarter2: Focus groups with employed and unemployed people were conducted in four different sites in Maryland. The write-up is expected to be completed in August.

Quarter3: The contractors have finished all the components and are writing a summary of findings report for the State.

Quarter4: N/A

Planned Outcome 5

The results will aid in efforts to design a Buy-In program that best services the needs of Maryland's disabled population.

Strategy

Enhancing Supported Employment (SE) and assisting individuals with severe mental illness in securing competitive employment in their communities by coordinating with the Mental Hygiene Administration to evaluate the current delivery of SE services in Maryland and identifying options for.

Accomplishments

Quarter1: Contract was awarded in January 2005 to University of Massachusetts Institute for Community Inclusion. Contract work has begun, and a draft report will be available in May.

Quarter2: The University of Massachusetts - Institute for Community Inclusion conducted and submitted all components of its contract. The state can now start phase II.

Quarter3: N/A

Quarter4: N/A

Planned Outcome 6

Educate the general public, in coordination with other state agencies and local agencies, on the many employment-related issues for the disabled population.

Strategy

Develop informational and promotional materials to educate persons with disabilities, employers and the general public about employment supports and public benefits.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: Maryland Department of Disabilities developed bid boards for proposals for the employment and disability outreach materials.

Quarter4: Maryland Department of Disabilities issued three contracts. Awaiting deliverables.

Planned Outcome 7

Improve employment outcomes for individuals with disabilities and better assist them in achieving their personal and professional goals, and create ongoing dialogue between and among other state agencies regarding disability and employment.

Strategy

The formation of the Department of Disabilities has helped increase communication among state agencies and combining of efforts. With multiple state agencies in concert, resources are better utilized and employment outcomes for individuals with disabilities will be stronger.

Accomplishments

Quarter1: Participation in several steering committee meetings and creation of partnerships across multiple agencies during 1st quarter of 2005.

Quarter2: N/A

Quarter3: N/A

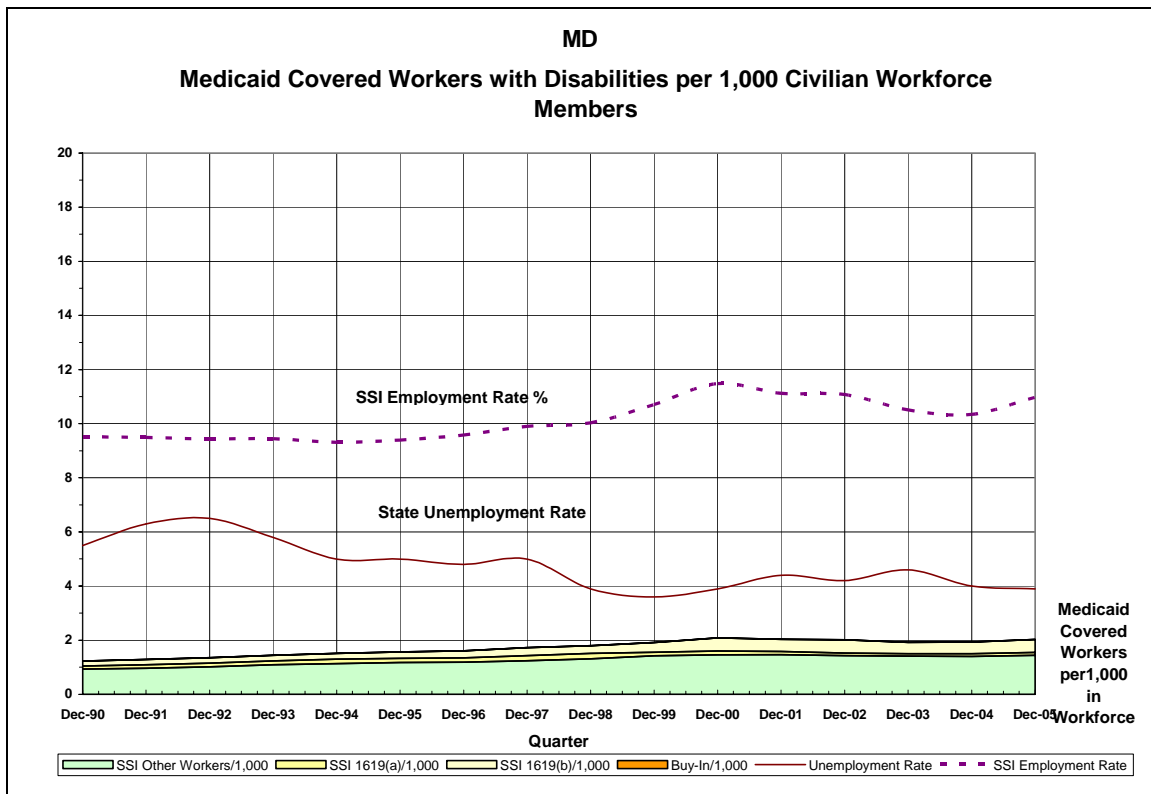
Quarter4: Proposals posted.

Personal Assistance Services

No State Plan and 2 Waivers

Medicaid Buy-In

Actively pursuing a buy-in



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

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Massachusetts

Agency	Project Director	Project Officer
University of Massachusetts Medical School Center for Health Policy and Research	Abigail Averbach 508-856-7856 Abigail.Averbach@umassmed.edu	Carey Appold 410/786-2117 carey.appold@cms.hhs.gov
Website:	http://www.miceo.org	Type of Grant: Continuation
Program Description		
The MA MICEO supports collaboration across state agencies and with consumers, and develops systems-level initiatives to improve employment outcomes for people with disabilities. Key areas of focus are: (1) POLICY: Produce informational materials that facilitate executive-level decision-making about program priorities and resource allocation; (2) SERVICES: Identify and implement strategies that will enhance the capacity of the health and vocational service delivery systems; (3) RESEARCH: Identify barriers to employment and measure the impact of new strategies and interventions.		

Grant Outcomes

Planned Outcome 1

People with disabilities obtain competitive employment in the community.

Strategy

Improve access to information about employment supports and CommonHealth (CH) for consumers and families through the web, print materials, a peer-to-peer model, newsletter and a conference on promising employment practices.

Accomplishments

Quarter1: Employment-focused content for the state's Virtual Gateway is being finalized in partnership with VR. Statewide Employment conference is scheduled for September 2005. Disability Issues disseminated to 6,000 people, view on www.masschec.org. Met with MassHealth re: Outreach Campaign.

Quarter2: Study underway to assess the effect of treatment for depression on work. On schedule for completion of report by end of 2005. Results to be used to educate providers regarding appropriate treatment and effect on work status.

Quarter3: Mission Employment 2 attended by 40+ consumers/families who reported receiving new and useful info. Completed design of peer-to-peer pilot; implementation next quarter. Masschec.org is being revamped w/input from consumer/provider advisory grp. Distributed 6,000 copies of Summer Disability Issues.

Quarter4: Peer-to-peer benefits support pilot expanded, participants recruited & screened. Training curriculum developed, evaluation designed. Agency reviewing content for Mass.gov site. 11k promo magnets sent to duals. 7,231 hits on www.masschec.org, MICEO consumer site. Developed web satisfaction survey.

Planned Outcome 2

5.bb. Policy-makers ensure that policies and practices of state agencies support employment outcomes for people with disabilities.

Strategy

5. 2. Increase the interaction and dialogue across stakeholder groups related to employment strategies and outcomes.

Accomplishments

Quarter1: N/A

Quarter2: Employment Summit held on 6/3/05; policy recommendations will be shared with stakeholders in Q3. Grant Leadership Team met monthly to provide input & direction. Benefits support strategic workgroup underway with involvement from project stakeholders. HHS Task Force developed 11 project proposals.

Quarter3: N/A

Quarter4: N/A

Planned Outcome 3

Employers have the will and capacity to hire people with disabilities.

Strategy

Improve access to information for employers through direct outreach and training, ForEmployer.com website, and initiatives with professional organizations.

Accomplishments

Quarter1: ForEmployers.com website is fully operational and marketing efforts have begun. Partnership has been developed with BLN to increase outreach to employers. Presentation was made to New England Council board of directors as part of strategy to increase role of business in meeting project goals.

Quarter2: Employment content for Virtual Gateway reviewed by consumers/families. Advisory group developed strategy for CH outreach. MassHealth revised standard letter re: loss of benefits to promote CH if individual is working. Published 6000 copies of Disability Issues, Spring edition (www.masschec.org).

Quarter3: ForEmployers.com website updated monthly and MA-specific section under development. Article published in NE Council Newsletter. Business panel organized thru BLN for M.E.Conf. Training plans in development w/selected employers.

Quarter4: Article is in development for Associated Industries of MA newsletter. Outreach to 3 employers was conducted. Foremployers.com is updated on an ongoing basis and is being accessed as a source of employer-focused information. (3,947sessions/14,772 hits this quarter).

Planned Outcome 4

Policy-makers ensure that policies and practices of state agencies support employment outcomes for people with disabilities.

Strategy

1. Develop and disseminate pertinent information for policy makers to facilitate decision-making including a state budget analysis of employment and disability spending, an employment snapshot report, an economic analysis of the Buy-In, and survey reports on barriers to employment.

Accomplishments

Quarter1: Completed paper on Disabling Conditions and Employment. Began work on Disability, Employment, and MassHealth, an annual chart book for state policy makers. Held initial meetings with state agencies to obtain information and solicit feedback on state budget analysis.

Developed draft benchmark report.

Quarter2: Foremployers.com website is updated monthly. Employer outreach continues with a specific focus on trade organizations like Associated Industries Massachusetts. Worked with BLN on a successful business-to-business event in May. Partnership has been developed with BLN to increase employer outreach.

Quarter3: 700+ copies of Empl. and Disability Snapshot Report distributed; lead to increased dialogue re: employment outcomes and need for consistent definitions/measures. Draft budget report of employment/disability spending distributed to state agencies; raised questions re: allocations/sources of funding.

Quarter4: Expanded Empl & Disab report is undergoing final review. Presented final results of the study, "The Impact of Premium Changes on CH-Working Enrollment" to MassHealth leadership. See:

<http://www.miceo.org/AccessDocument.cfm?document=MassHealthDisabilityandEmploymentAnnualUpdate%5FFINAL%2Epdf>.

Planned Outcome 5

Clinical providers are able to address employment needs of people with disabilities through direct care and referrals.

Strategy

Improve the availability and quality of health services for people with disabilities through provider training and information dissemination

Accomplishments

Quarter1: Completed assessment of MassHealth PA Unit; inconclusive whether approval delays affect employment outcomes. Met w/BIDMC researcher re: role of provider in supporting employment; learned that clinicians do not address employment due to reimbursement issues, lack of knowledge of employment supports.

Quarter2: Training calendar is now available online (www.massworks.org/tcal). Planning for Mission Employment II conference on 9/27/05 is underway. Training needs assessment has been finalized. MassWorks issue on unserved/underserved populations was published. Mass Works issue on Navigators has been updated.

Quarter3: Study results show that up to 50% of people with disability who have been diagnosed with depression may not be receiving appropriate treatment. It is not clear, however, whether treatment has a direct effect on work status or hours worked.

Quarter4: Met with DPH re: Care Coordinator training for Youth w/Special Health Care Needs. Spoke with Amer. Phys. Therapy Assn, occupational therapists & MA Hospital School re: provider trainings about empl. Exploring Medicaid reimbursement policies for case mgt services incl. employment referrals/supports.

Planned Outcome 6

Employment support providers are able to deliver appropriate services and make referrals to achieve job placements.

Strategy

Improve capacity of the service system at the direct delivery level through improving access to training opportunities, direct training, a conference on promising practices, and MassWorks.com website.

Accomplishments

Quarter1: Statewide conference will be held in September 2005 in collaboration with a DOL/ODEP Grant. Web based training calendar has been developed and will be available in early May. Training needs assessment is being finalized.

Quarter2: N/A

Quarter3: 3000+ marketing cards & e-announcements distributed announcing Training Calendar (www.massworks.org/tcal). Mission Employment 2 held on 9/27. Completed MassWorks 3 newsletter for October release.

Quarter4: MassWorks Issue 3 on CommonHealth was distributed by mail and electronically to over 2400 disability and employment providers in MA. The statewide training calendar is being updated and utilized on an ongoing basis (1317 page views this quarter).

Planned Outcome 7

Policy-makers ensure that policies and practices of state agencies support employment outcomes for people with disabilities.

Strategy

2. Increase the interaction and dialogue across stakeholder groups through support and coordination of the EOHHS Strategic Task Force on Employment, the Employment (policy) Summit, the Grant Leadership Team, the Strategic Work Groups, and the ad-hoc advisory groups.

Accomplishments

Quarter1: Worked with HHS Task Force to define employment services/outcomes; hosted Employment For All meeting. Convened monthly Leadership Team mtgs; facilitated discussion about new project goals/workplan; identified focus areas for two strategic workgroups; identified planning team for Employment Summit.

Quarter2: Snapshot report completed and presented at Employment Summit, leading to active dialogue among stakeholders on defining outcomes & data collection methods. Mtgs with agencies continue on budget analysis. Presented draft of "Disability, Employment and MassHealth" chartbook to MassHealth for feedback.

Quarter3: 500+ providers, state agencies, consumers/families attended Mission Employment 2. Grant Leadership Teams provides direction for grant; builds collaboration between agency leaders and consumers. HHS Task Force prioritized 3 projects for CY06: Benefits training, Employer outreach & Outcomes Measures.

Quarter4: Leadership Team (LT) continues to meet & provide input and direction for grant activities and build collaboration between state agency leaders and consumers. Additional consumer has joined LT. Project staff are co-chairing EOHHS Task Force subcommittees; Project Manager Position has been developed.

Planned Outcome 8

Policy-makers ensure that policies and practices of state agencies support employment outcomes for people with disabilities.

Strategy

3. Build a data infrastructure and develop research methodologies to inform local and national policy related to Medicaid Buy-In programs and their impact on employment outcomes.

Accomplishments

Quarter1: Acquired MassHealth eligibility data (MA-21) which provides verified employment wages, and type of employment information.

Quarter2: Successfully linked Medicaid diagnostic and cost data with member survey data. In the process of adding Medicaid data on earned and unearned income.

Quarter3: Successfully linked Medicaid diagnostic and cost data with member survey data. In the process of adding Medicaid data on earned and unearned income.

Quarter4: The MHEDS II survey was fielded to 2884 working-age MassHealth members with disabilities, beginning in late October, 2005. The evaluation of MassHealth income data for the Economic Analysis is complete.

Planned Outcome 9

Medicaid Buy-In (CommonHealth) members are informed about the Medicare Part D Prescription Drug Plan and fully understand what steps they need to take to enroll in the appropriate plan.

Strategy

Disseminate information to CommonHealth members through a multi-faceted approach including direct mail, web tools, direct training, enrollment "clinics", provider training and peer-to-peer training.

Accomplishments

Quarter1: Initial grant planning.

Quarter2: Developed a draft project plan. Attended first meeting of HHS Committee on Part D Outreach and Communication to ensure coordinated and integrated activities with state partners. Hired training consultant.

Quarter3: Continue to actively participate in HHS Communications Committee on Part D. Developed dissemination materials for statewide information sessions and website. Participated in training sessions for service providers of CH members.

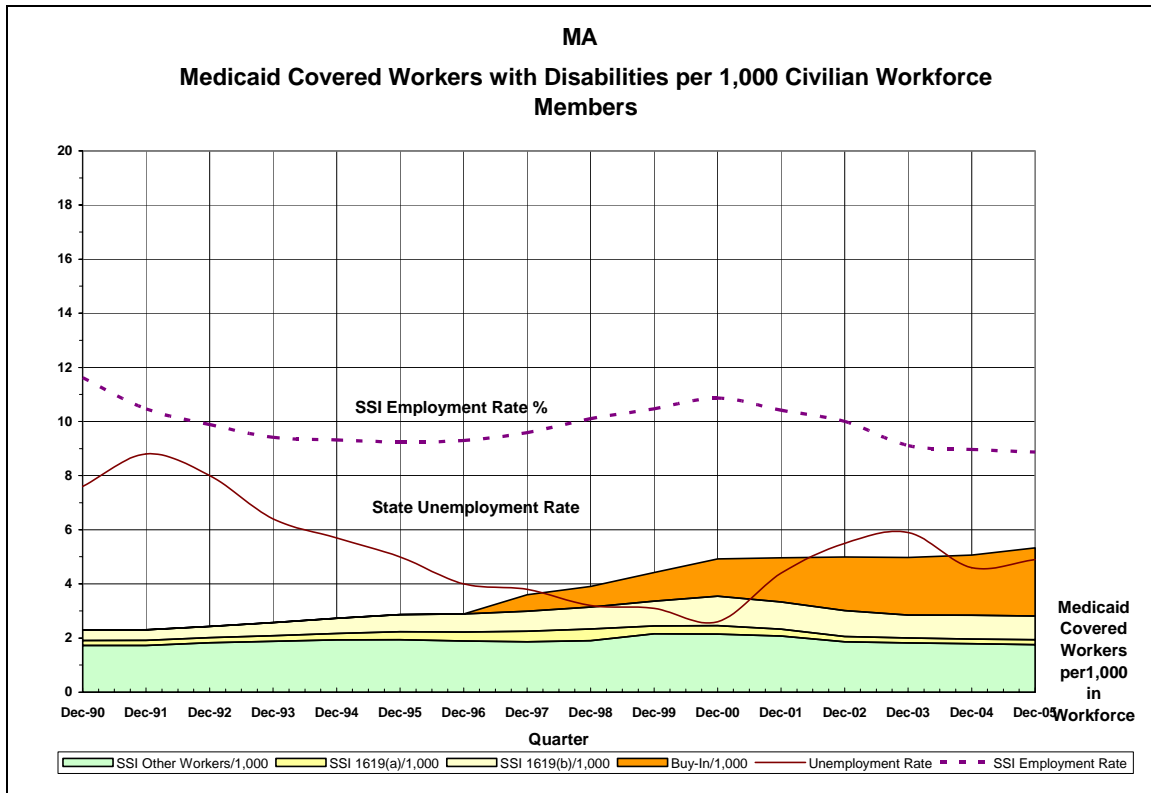
Quarter4: Provided 16 statewide info sessions to over 1,200 dual eligible consumers who were "highly satisfied" with info. Provided training sessions to cmnty agencies. Q & A booklet developed/mailed to 11,000 dual eligible. Mini-grants will be awarded to agencies to provide 1:1 assistance.

Personal Assistance Services

PAS by State Plan

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	MassHealth/CommonHealth
Implementation Date	July 01, 1997	Federal Authority	Waiver 1115
Income Eligibility	No limit	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	no limit
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	Not applicable	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Premiums are based on one of two different sliding scales, one for those with, and one for those without other insurance. Premiums begin at 150% FPL and increase in increments of \$3-\$10.00, based on 10% increments of the FPL, and ranging from \$9 - \$292.	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.mass.gov	Work Requirement	40 hours or more per month
Enrollees at Beginning of Year	7,315	Enrollees at End of Quarter	8,533



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Minnesota

Agency	Project Director	Project Officer
Minnesota Department of Human Services	MaryAlice Mowry (651) 431-2384 maryalice.mowry@state.mn.us	Carey Appold 410/786-2117 Carey.Appold@cms.hhs.gov
Website:	http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_017355.hcsp	
Type of Grant:	Comprehensive	
Program Description		
MN's grant will be used to plan for & implement an integrated service delivery system to support increased competitive employment opportunities for people w/ disabilities. Goals: develop & implement a comprehensive statewide planning effort to improve employment; facilitate relationships between state agencies, disability community, & business community; increase outreach to people w/disabilities about work incentives and supports; & provide ongoing research and evaluation of employment outcomes. Lead agencies are Human Services, Employ. & Econ. Development, and State Council on Disability.		

Grant Outcomes

Planned Outcome 1

* 20% increase in earnings by MA-EPD enrollees * Uniform definitions of services and supports * Maximum flexibility and access to supports by people with disabilities * SSDI recipient earnings increase due to elimination of cash cliff * MA-EPD increasingly used a

Strategy

PUBLIC POLICY AND COMPETITIVE EMPLOYMENT OF PEOPLE WITH DISABILITIES: ensure policy places high priority on employment and policy barriers to employment are decreased.

Accomplishments

Quarter1: Identified community initiative to support micro loan business development. Ongoing meetings with senior management to support business initiative efforts.

Quarter2: Development of RFP for micro-enterprise activities. Publication of RFP should occur by mid August.

Quarter3: Solicitation for agencies to provide support for people with disabilities and self-employment was completed and four agencies chosen. Partner agency (DEED) is the lead on this activity. Formal meetings with the BLN & Gov's Workforce Devel. Council re: collaboration.

Quarter4: Four business development contracts were initiated to provide technical assistance for Minnesotans with disabilities (micro-enterprise activities). Began planning for national BLN conference in October (MN hosting).

Planned Outcome 2

*Increased # of employers with employees with disabilities *Employers increase #of employees with disabilities *Increase internship opportunities for youth with disabilities *Employers adopt best hiring practices *Greater awareness & improved attitudes about hiring people with disabilities

Strategy

PARTNERSHIPS WITH BUSINESS TO MEET WORKFORCE NEEDS AND EXPAND JOB OPPORTUNITIES: increase employers direct experience with people with disabilities; provide employers with resources and information on employing people with disabilities; and identify and promote model employers.

Accomplishments

Quarter1: Published RFP for contractor, met ten times with grant partners

Quarter2: Development of management team and coordination interagency workgroup. Have met 10+ times with strategic planning contractors.

Quarter3: Consumer focus group framework developed; groups scheduled for November.

Coordinating and management teams continue to meet as scheduled. Over 40 key advisors/stakeholders were interviewed as a part of strategic planning.

Quarter4: Completion of environmental scan (40 interviews, 10 focus groups). Finalized strategic leadership review panel composition.

Planned Outcome 3

N/A

Strategy

COORDINATED EMPLOYMENT SERVICES AND SUPPORTS: clarify and streamline services; increase availability and access to essential service options; ensure use of best practices; institute new and innovative supports.

Accomplishments

Quarter1: Published RFP for strategic planning contractors; began development of basic CEO grant information materials.

Quarter2: Coordination with a major youth transition grant effort (Dept of Labor youth transition grant). Also, initial development of local educational transition efforts. Began work with contractor to review MN's supported and extended employment.

Quarter3: Continued work to review supported and extended employment (site visits with county & providers). Environ. scan almost completed with this activity. Began develop. of grant with a local school district to identify barriers to youth transition. Con't collaborating with DOL youth transition grant.

Quarter4: Interagency agreement initiated to train MN Tribal communities in maximizing Medical Assistance supports pertaining to mental health and employment. SSA with this grant began increased training options for VR counselors on PASS planning.

Planned Outcome 4

To increase employment of people with disabilities by developing strategies which increase knowledge and access of available work incentives and supports through information, referral, assistance and outreach activities.

Strategy

A COORDINATED INFORMATION AND COMMUNICATIONS SYSTEM: promote a positive attitude about employment of people with disabilities; streamline and improve information accuracy about work services and supports; and train providers across agencies to ensure high expectations and accurate information is shared.

Accomplishments

Quarter1: Identified key staff from lead agencies to coordinate outreach efforts.

Quarter2: Greater distribution of PAS consumer manuals. Continued support of statewide information and assistance program (Disability Linkage Line).

Quarter3: Participated in two conferences re: MA-EPD (buy-in) and Medicare Part D. Collaborated with BPAO re: work incentives and Part D in Sept. Collaborated with grant partner on outreach at MN state fair (developed educational fan--5500+ distributed).

Quarter4: Began dialogue to coordinate key info and referral database sources. CILs began augmenting services for BPAO program to allow BPAOs to concentrate on benefits planning.

Planned Outcome 5

N/A

Strategy

STRENGTHEN TRANSITION SERVICES AND WORK EXPERIENCES FOR YOUTH AND YOUNG ADULTS: coordinate planning efforts; support development of best practices for youth with disabilities; and create opportunities for youth to gain employment related experience.

Accomplishments

Quarter1: Funded enhanced efforts with Governor's Council on DD for Employer Attitude Survey regarding Disability. Coordinating with the Disability Services Division research work group.

Quarter2: Decision was made that the grant will utilize existing Disability Services research workgroup and bring in additional members as needed to work on employment related objectives.

Quarter3: Hired data analyst to perform evaluation duties for the CES. Completed quarterly state buy-in report (Jan-Jun 2005). Final recruitment for research analyst completed. Met to negotiate DB issues between grant partners (esp Workforce One). Began to identify baseline grant measures.

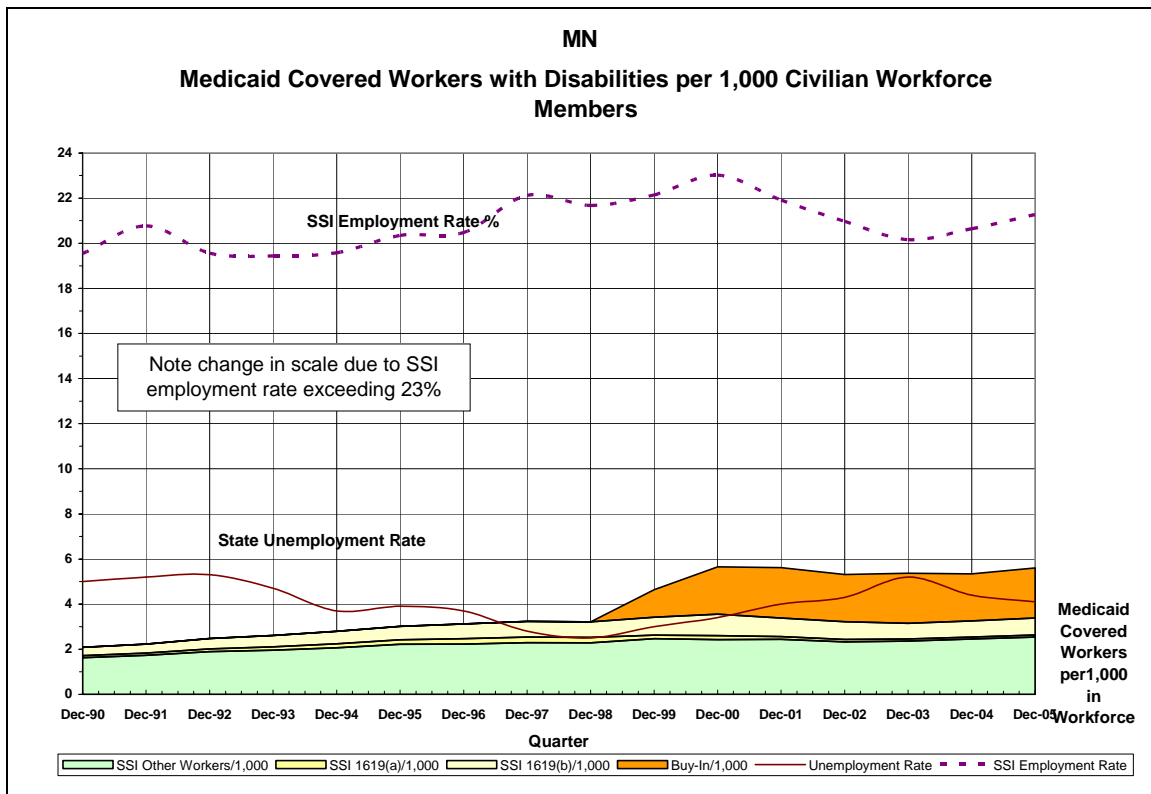
Quarter4: Hired senior research analyst. Data workgroup met for the first time. Group reviewed ongoing reports and began mapping current data collection, identified barriers for data coordination, identified key baseline data and gaps in the final plan.

Personal Assistance Services

PAS by State Plan and 4 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medical Assistance for Employed Persons with Disabilities (MA-EPD)
Implementation Date	July 01, 1999	Federal Authority	TWWIIA Basic
Income Eligibility	Must have a monthly gross earning >=\$65 per month to be eligible	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No	Counting Earned Income Method	Gross is monthly money recv'd. Self-employ is net.
Counting Unearned Income Method	Gross amount before any deductions.	Resource for Individual Limit	20,000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Premium based on income EI & UI + 0.5% cost UI
Method to Calculate Monthly Premiums	Min of \$35 or sliding fee scale up to 7.5% of income for incomes equal to or above 300% of FPG. There is no maximum income limit or maximum premium amount.	Medicaid Eligibility Review	Every 6 months
Web Site for Additional Information	www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_006965.hcsp	Work Requirement	
Enrollees at Beginning of Year	6,221	Enrollees at End of Quarter	6,532



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Missouri

Agency	Project Director	Project Officer
Institute for Human Development University of Missouri-Kansas City	Christine Rinck 816-235-1760 rinckc@umkc.edu	Carey Appold 410/786-2117 Carey.Appold@cms.hhs.gov
Website:	N/A	Type of Grant: Conditional
Program Description		
The overall goal of this project is to enhance the use Medicaid resources in Missouri to more effectively support the competitive employment of people with disabilities.		

Grant Outcomes

Planned Outcome 1

To support a statewide Coalition that will provide oversight to ongoing planning and implementation of project objectives and initiatives.

Strategy

To use the MIG Steering Committee as a statewide advisory group for the development of a state strategic TA plan to identify activities to be conducted in order to remove barriers to employment.

Accomplishments

Quarter1: None at this time.

Quarter2: None this quarter

Quarter3: N/A

Quarter4: Members identified and initial meeting planned

Planned Outcome 2

To facilitate access to competitive employment using Missouri Medicaid Waivers and state plan personal care assistant (PCA) services.

Strategy

Research existing infrastructure for PCA services. Develop plan to address policy considerations and to promote public awareness of existing resources.

Accomplishments

Quarter1: None at this time.

Quarter2: None this quarter

Quarter3: N/A

Quarter4: Research conducted on PCA infrastructure; needs assessment underway; preliminary plans developed.

Planned Outcome 3

To disseminate to statewide audiences recent information on competitive employment as well as transition from school to work.

Strategy

Develop training and informational products on targeted topics related to Medicaid and employment such as use of Medicaid, best practices, etc. Develop a network of existing community resources such as University of Missouri extension personnel to deliver training and disseminate information.

Accomplishments

Quarter1: None at this time.

Quarter2: None this quarter

Quarter3: N/A

Quarter4: Conducted planning retreat with targeted consumer and employer groups possible community resources identified and identification of preliminary projects.

Planned Outcome 4

To analyze the Medicaid Buy-In and its impact on the individuals who participate in this program, during their participation and afterward.

Strategy

Conduct a survey of former MA-WD participants to compare and contrast situation during and after program.

Accomplishments

Quarter1: None at this time.

Quarter2: None this quarter

Quarter3: N/A

Quarter4: Preliminary draft of survey developed in partnership with selected advocates and self-advocates.

Planned Outcome 5

To provide resource information and training for employers that encourages and assists in the hiring of individuals with disabilities.

Strategy

Collaborate with existing business organizations to develop employer resource manual and identify training needs.

Accomplishments

Quarter1: Preliminary work on the development of the guide has begun.

Quarter2: None this quarter.

Quarter3: N/A

Quarter4: Contract with employment specialist to develop curriculum.

Planned Outcome 6

To develop and disseminate educational material for legislators and advocates.

Strategy

Develop public awareness campaign and resource materials regarding Medicaid and competitive employment. Develop training and resource materials for advocacy and self-advocacy groups regarding effective use of existing PCA services.

Accomplishments

Quarter1: None at this time.

Quarter2: None this quarter

Quarter3: N/A

Quarter4: Contract with marketing firm to support the development of quality materials to support training and dissemination efforts. Needs assessment conducted of advocacy and self-advocacy groups in four Missouri regions.

Planned Outcome 7

To research and demonstrate factors related to the successful transition of individuals with disabilities from post-secondary education to work.

Strategy

Establish/continue on-campus workshops for transition, conduct needs assessments of campuses, develop and implement the planned initiatives.

Accomplishments

Quarter1: Preliminary work with some campus sites (UMKC & Missouri Western) is already underway.

Quarter2: None this quarter.

Quarter3: N/A

Quarter4: Pilot project developed and implementation underway. Needs assessment conducted.

Workshop held (November 2005) for college career counselors.

Planned Outcome 8

To assure that Missouri utilizes the Personal Care Assistant services available through Medicaid.

Strategy

Develop training and resource materials for advocacy and self-advocacy groups regarding effective use of existing PCA services. Replicate PCA pilot project conducted in southwest Missouri (2004) that allowed individuals to use PCA services through the State of Missouri in partnership with local resources to support access to employment.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: N/A

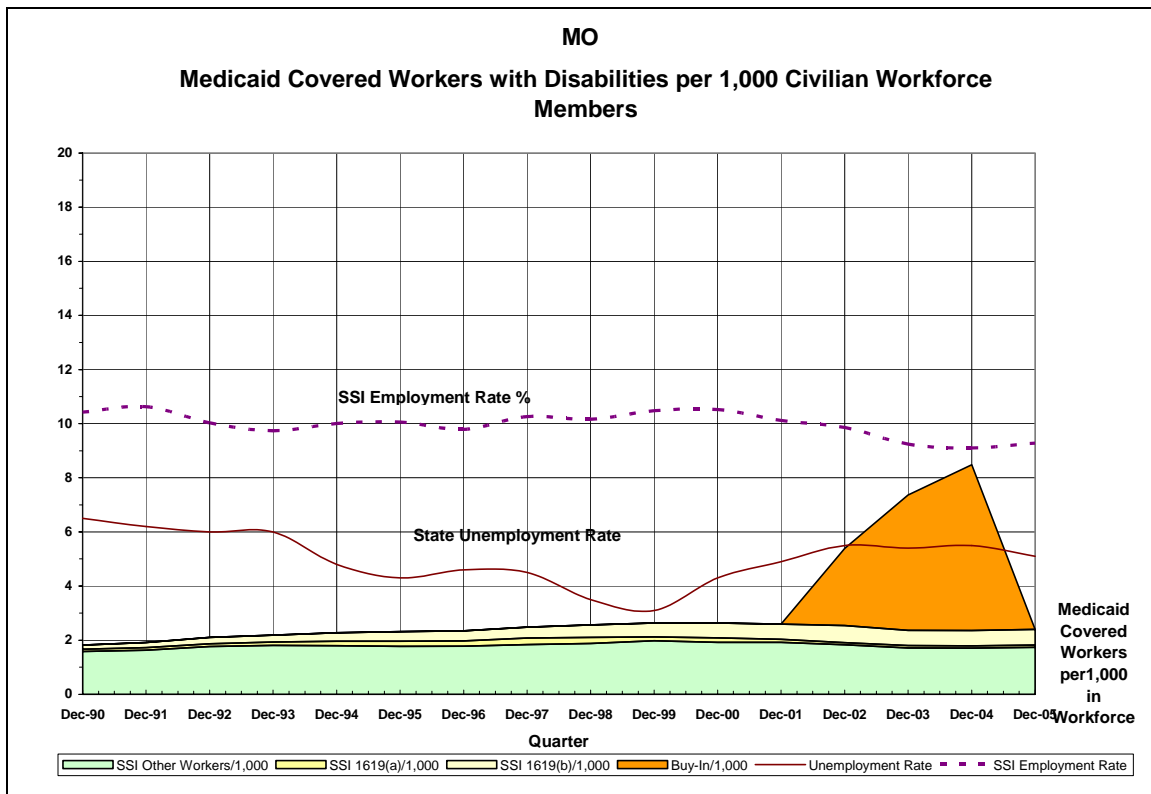
Quarter4: Needs assessment conducted of advocacy and self-advocacy groups in four Missouri regions. Plans developed to replicate PCA pilot project in four additional communities.

Personal Assistance Services

No State Plan and 5 Waivers

Medicaid Buy-In

Buy-in Status	Buy-in rescinded	Program Name	No data
Implementation Date	No data	Federal Authority	No data
Income Eligibility	No data	Countable Income for Eligibility	No data
Includes Spousal Income	No data	Counting Earned Income Method	No data
Counting Unearned Income Method	No data	Resource for Individual Limit	999.99
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	The 4 premium ranges are 151% to 175% FPL; 176% to 200% FPL; 201% to 225% FPL; and 226% to 250% FPL. The premiums are a percentage of the midpoint of each group: 4% for group 1, 5% for group 2, 6% for group 3, and 7% for the highest FPL group.	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_006965.hcsp	Work Requirement	No data
Enrollees at Beginning of Year	18,610	Enrollees at End of Quarter	No data



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Nebraska

Agency	Project Director	Project Officer
Nebraska Department of Health & Human Services System	Sharon J. Johnson 402-471-1764 sharon.j.johnson@hhs.ne.gov	Candice Hall 410-786-4453 Candice.Hall@cms.hhs.gov
Website:	www.nebraskatickettowork.com	Type of Grant: Basic
Program Description		
MIG activities focus on removing employment barriers for pwd by creating systemic change throughout the Medicaid program & other state or local systems. Efforts focus on the development of an employment infrastructure & provision of needed employment supports. Coordination incorporates employment-related agencies, programs and employers to build a system that addresses the issues surrounding youth transitioning from school to work; access to health care that leads to maximized employment opportunities for pwd; & increase the state's labor force through the inclusion of pwd.		

Grant Outcomes

Planned Outcome 1

Increase the number of SSI/SSDI youth that will transition into employment.

Strategy

Through systems change, transition stakeholders will promote competitive employment opportunities for Nebraska's youth with disabilities, understand how Nebraska's youth with disabilities can continue to receive Medicaid benefits and personal assistance services once employed, understand how NE's youth with disabilities can use employment support programs to access employment, and work collaboratively to help NE's youth with disabilities to overcome other barriers to employment.

Accomplishments

Quarter1: None

Quarter2: Hired employment support for SW area. Out reach materials developed for Transition Fair, attended a Transition Advisory Committee for youth, benefits awareness for 16 youth was held, met with 2 individuals about competitive employment, educated service coordinators about employment supports.

Quarter3: Trained educators & HHS Eligibility staff about work incentives resulted in youth becoming employed & seeking higher education, receiving benefits analyses & an increase in Medicaid Elig staff referrals. Information about work incentives provided to behavioral health provider staff & consumers.

Quarter4: High-level decision makers from SSA, HHS, VR, NE Educ, and DOL are forming teams with representatives from Econ Dev, Chambers of Commerce & local employers in 4 pilot communities to increase shared advocacy to address system changes needed. BPAO provided by Employment Spec.for identified youth.

Planned Outcome 2

Increase the capacity of employers who understand the benefits of hiring persons with disabilities.

Strategy

Utilize employers who currently understand the benefits of being in communication with other employers in an employer to employer forum, appropriate media exposure, issue-targeted website availability.

Accomplishments

Quarter1: None

Quarter2: Have written PSA from Governor about hiring individuals with disabilities. Website enhanced and active

Quarter3: N/A

Quarter4: A listserv for pwd, employers, & business leaders has been created and scheduled to go live in Jan. '06 as an addition to the existing www.nebraskatickettothework.com website.

Employers with positive hiring experiences of pwd have been recruited to share their success with other employers.

Planned Outcome 3

Cultural shift from expectation of beneficiary to competitively employed individual with essential supports.

Strategy

Utilize consumers statewide who have assigned/plan to assign their ticket to form a consumer network in order to facilitate peer training, providing a conduit of accurate information, "one on one and one on many" approach, share the Buy-In message, other work incentives and conducting forums.

Accomplishments

Quarter1: None

Quarter2: Outreach to recruit individuals were made (Independent Living Services, Vocational Rehabilitation and the CIL), Training was held for CN members in the Eastern Region, CN annual meeting held, 25 individuals were given TTW information.

Quarter3: CN continued activities that promote employment. Data collection is being improved. Planning for forums, intended to raise the awareness of pwd & the business community, have begun. Radio PSAs read by governor promoting TTW ran statewide resulting in increased calls to Hotline for Disabilities.

Quarter4: "Going to Work" forums are planned for 4/06. The 4 forums will bring together pwd, employers, agencies & advocates to learn about TTW, work incentives & employment supports. CN has improved outreach & data collection. TTW radio PSAs ran statewide resulting in calls to Hotline for Disabilities.

Planned Outcome 4

Partner with the Department of Labor and Workforce Development systems to increase use and accessibility of employment services for people with disabilities.

Strategy

David Hammis and Carey Griffin of Griffin-Hammis Associates will provide statewide training to Onestops and Workforce Development making their services accessible to people with disabilities.

Accomplishments

Quarter1: Is second year goal

Quarter2: N/A

Quarter3: N/A

Quarter4: N/A

Planned Outcome 5

Stakeholders are educated about the effects of poverty on self-sufficiency & employment

Strategy

In collaboration w/ HHS & VR, conduct a 2-day training w/Ruby Payne, PhD how poverty relates to disability. The trainers will guide participants in developing local action plans to move pwd forward to bridging the gap from system dependency to self sufficiency through competitive employment.

Accomplishments

Quarter1: Dates have been set. Negotiations have begun with other agencies to participate as well.

Quarter2: Training scheduled for November 14 & 15 2005, agenda established, conference calls held to collaborate w/VR.

Quarter3: Invitations have been sent to consumers, DOL, VR, Dept. Educ, PAC members, DD, Beh Health, M'caid Elig staff and identified advocacy groups.

Quarter4: Trained HHS, VR, DOL, Dept. of Educ., SSA leaders, advocates & consumers on poverty issues related to employment of pwd. Principles taught at the training are being incorporated into the on-going activities of the MIG.

Planned Outcome 6

Stakeholders receive information on the provisions of the Medicare Modernization Act in the area of prescription drugs (Medicare Part D).

Strategy

Partner with advocacy groups to provide statewide outreach targeting the MBI population, pwd who are a minority, rural or otherwise underserved & are dual eligible.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: Partner with advocacy groups to provide statewide outreach targeting the MBI population, pwd who are a minority, rural or otherwise underserved & are dual eligible.

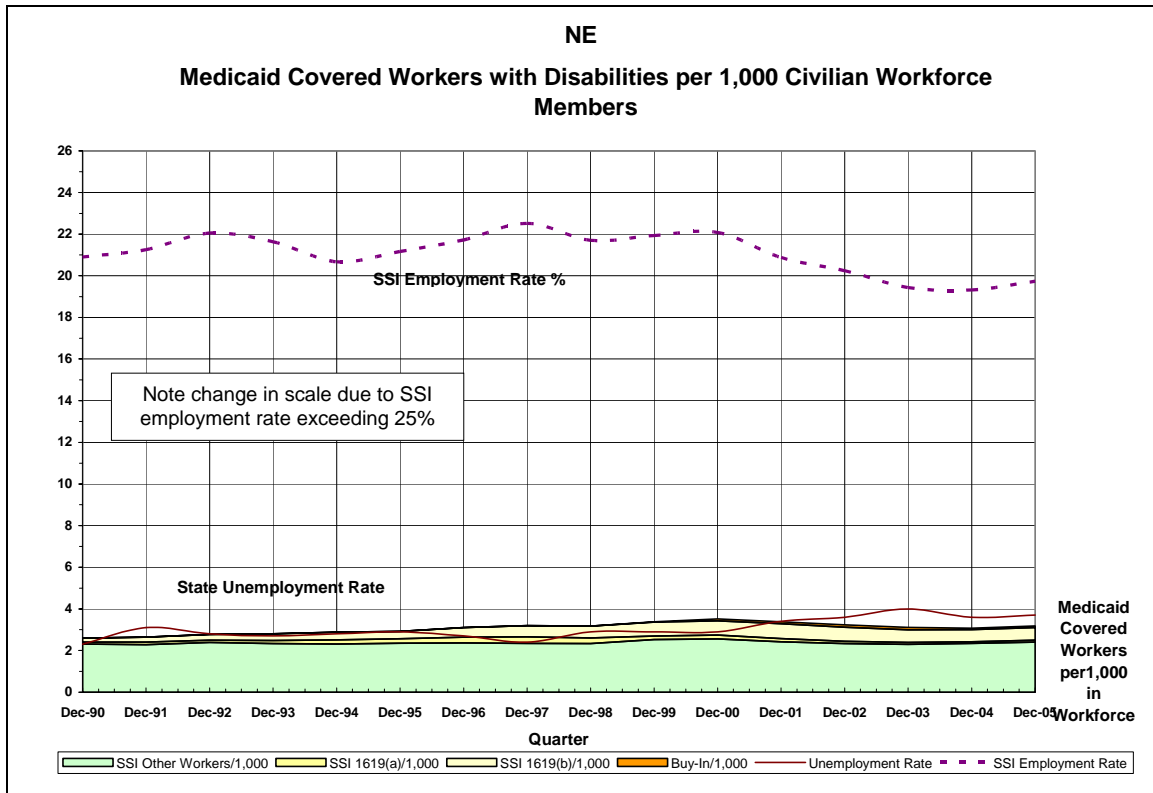
Quarter4: Partner with advocacy groups to provide statewide outreach targeting the MBI population, pwd who are a minority, rural or otherwise underserved & are dual eligible.

Personal Assistance Services

PAS by State Plan

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Insurance for Workers with Disabilities
Implementation Date	July 01, 1999	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Disregard Disabled earned income & count spouse's
Counting Unearned Income Method	Unearned disregarded in Test A if based on TWP	Resource for Individual Limit	4000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	Not Applicable	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Premiums range from \$30.67 (200 to 209% FPL) to \$183.26 (240 to 249% FPL) for a single individual. And \$41.41 (200 to 209%) to \$247.45 (240 to 249%) for a couple.	Medicaid Eligibility Review	Monthly
Web Site for Additional Information	http://www.hhs.state.ne.us/reg/t469.htm	Work Requirement	Above SGA
Enrollees at Beginning of Year	109	Enrollees at End of Quarter	75



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Nevada

Agency	Project Director	Project Officer
Nevada Department of Human Resources	Charles Duarte (775) 684-3677 cduarte@dhecp.state.nv.us	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	http://dhecp.state.nv.us/tickettowork.htm	Type of Grant: Conditional
Program Description		
Health Insurance for Work Advancement (HIWA) - Nevada's Medicaid Buy In Program was adopted on July 1, 2004. This program enables working individuals with disabilities the opportunity to obtain or maintain their Medicaid health coverage by paying a monthly premium.		

Grant Outcomes

Planned Outcome 1

Establish and maintain an effective HIWA (Medicaid Buy-In) Outreach Program.

Strategy

Conduct informational meetings with organizations serving individuals with disabilities and secure contractor to provide outreach activities and information for residents of Southern Nevada.

Accomplishments

Quarter1: Winter mailer follow up activities were conducted and outreach presentations were made statewide to organizations that provide services to potential Buy-in participants. Nevada implemented its Radio Media Campaign in collaboration with the Nevada Broadcasters Association.

Quarter2: Secured Nevada Broadcasters Association to conduct Radio and Television Media Campaign this quarter. As of the end of May, 2,493 NCSA's aired statewide valued at \$209,225 for an approximate cost of \$12,600.

Quarter3: During this quarter, HIWA staff made multiple presentations and acted as exhibitors at conferences. This outcome will continue through the end of the grant cycle.

Quarter4: Outreach activities included providing training to rural staff employed by Nevada's Vocational Rehabilitation and meeting with nonprofit organizations that provide services and information to individuals with disabilities.

Planned Outcome 2

Establish purpose and responsibilities of the HIWA (Medicaid Buy-in) Advisory Group, develop focus groups, and evaluate gaps in stakeholder representation.

Strategy

Conduct strategic planning activities to focus the role of the Advisory Group towards work group activity and identify and fill stakeholder representation gaps.

Accomplishments

Quarter1: This goal was discussed with Advisory Group Members at the March Meeting and the process began for locating a potential contractor to assist with the strategic planning process. Applications were accepted and are under review for two Advisory Group member positions currently open.

Quarter2: Representation gaps were identified. Two members resigned due to health issues. Recruitment of new members is currently underway to ensure that members are on board before strategic planning sessions begin. A scope of work is under development so a facilitator can be secured during the summer.

Quarter3: The Request for Proposal from potential facilitators has been developed.

Quarter4: The Request for Proposal to solicit a HIWA Advisory Group Facilitator was revised and the Scope of Work expanded to encompass services through December 31, 2006. This RFP will be posted the first week of January 2006.

Planned Outcome 3

Identify ongoing training needs and enhance training program for HIWA.

Strategy

Develop and implement a systematic process for identifying and meeting the training needs of State agencies, advocacy groups and provider organizations.

Accomplishments

Quarter1: Meetings were held with Welfare staff and management to discuss training issues and needs that surfaced since the Buy-In was implemented. The group plans to meet periodically and develop a plan to improve training statewide to all eligibility and front-line Medicaid staff.

Quarter2: Outreach personnel continue to attend Welfare trainings and train MAABD staff in district offices on the Buy-In program. Additional activities are under discussion for quarter 3 and 4.

Quarter3: Welfare Division training has been completed and HIWA staff are available to conduct future Welfare training as requested. Organizational training will be ongoing through the end of the grant cycle.

Quarter4: HIWA staff provided training to rural Vocational Rehabilitation staff and reconfirmed HIWA staff's desire and availability to make presentations to groups of individuals receiving Vocational Rehabilitation services.

Planned Outcome 4

Evaluate effectiveness and improve operation of Nevada's Medicaid Buy-in program.

Strategy

Secure a facilitator to work with the HIWA Advisory Group, conduct focus group surveys, and prepare a final report of findings and recommendations.

Accomplishments

Quarter1: Identified potential facilitators and currently developing a draft Scope of Work to accompany the Request for Proposal document.

Quarter2: The evaluation component will not occur until the 3rd and 4th quarter.

Quarter3: The Request for Proposal from potential facilitators has been developed.

Quarter4: Upon evaluation of program longevity statistics from July 1, 2004 through December 31, 2005, over 80% of all individuals who had been determined eligible to Medicaid through the HIWA program were still receiving Medicaid through the program.

Planned Outcome 5

Enhance collaboration among state agencies with direct responsibilities to individuals with disabilities in their pursuit of employment.

Strategy

Develop and implement ongoing plan for maintaining collaborative partnerships with Vocational Rehabilitation, Office of Disability Services, and Employment Networks.

Accomplishments

Quarter1: Identified contacts and provided HIWA information and presentations to Vocational Rehab., Office of Disability Services, Real Choice Systems Change (Youth Transition Issues Group) and BPAO (Southern Nevada Independent Living Center).

Quarter2: Vocational Rehab. Assisted in preparing an outreach mailing sent to 52,000 Nevada ticket holders in Nevada. Office of Disability Services will be partnering on weblinks in quarter 3 and 4. Also, planning benefit counselor training during DETR's fall in-service.

Quarter3: In conjunction with State of Nevada Vocational Rehabilitation, 54,000+ HIWA informational brochures were mailed to Nevada Ticket Holders. HIWA staff conducted a HIWA workshop at the Department of Employment, Training and Rehabilitation's fall in-service.

Quarter4: Training provided to rural Vocational Rehabilitation staff in the 4th quarter will allow HIWA staff the opportunity to arrange for and provide presentations to individuals receiving services from Vocational Rehabilitation.

Planned Outcome 6

Research and evaluate existing Personal Assistance Services system for effectiveness of support for employment of individuals with disabilities.

Strategy

Secure contract researcher to conduct an evaluation of Nevada's current PAS program, paying particular attention to the needs of disabled workers and prepare a final report of findings and recommendations.

Accomplishments

Quarter1: Coordinated with contractor responsible for PAS needs assessment intake process to include capturing work information on participant needs assessment surveys to begin collecting data for the PAS Evaluation. Conducted training with needs assessment staff members.

Quarter2: Meetings were held with PCA program management and staff and Scope of Work is under development for a quarter 3 and 4 project.

Quarter3: N/A

Quarter4: Development was started on the Scope of Work to be used for the RFP to hire a contract researcher to evaluate the effectiveness of Nevada's Personal Assistance Services as a support for employment of persons with disabilities.

Planned Outcome 7

Work with state agencies to research and evaluate access to health care via projects that may support employment objectives of individuals with disabilities.

Strategy

Hire a contractor to facilitate meetings with state agencies, conduct research and evaluations and provide a final report of findings including recommendations for health care projects that may support employment objectives of individuals with disabilities.

Accomplishments

Quarter1: Met and/or talked with staff from the NV Disability Adjudicator's Office for the Social Security Administration, Vocational Rehab., and Office of Disability Services to identify potential strategies for developing the Scope of Work for this project.

Quarter2: Meetings were held with the Disability Adjudicator's office to explore options for disability determinations for individuals that have never gone to social security as a way of addressing the barrier of access to health insurance for the working disabled. Investigation of more options are underway.

Quarter3: Initial discussions have been held with the Disability Adjudicator's Office and the Department of Employment Training and Rehabilitation.

Quarter4: N/A

Planned Outcome 8

Provide information and outreach regarding the transition of prescription drug coverage from Medicaid to Medicare Part D to Nevada's Medicaid Buy-in participants who are eligible to Medicare.

Strategy

Develop and distribute informational material to Nevada's Medicaid Buy-in participants who are eligible to Medicare relating to the transition of prescription drug coverage from Medicaid to Medicare Part D.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: N/A

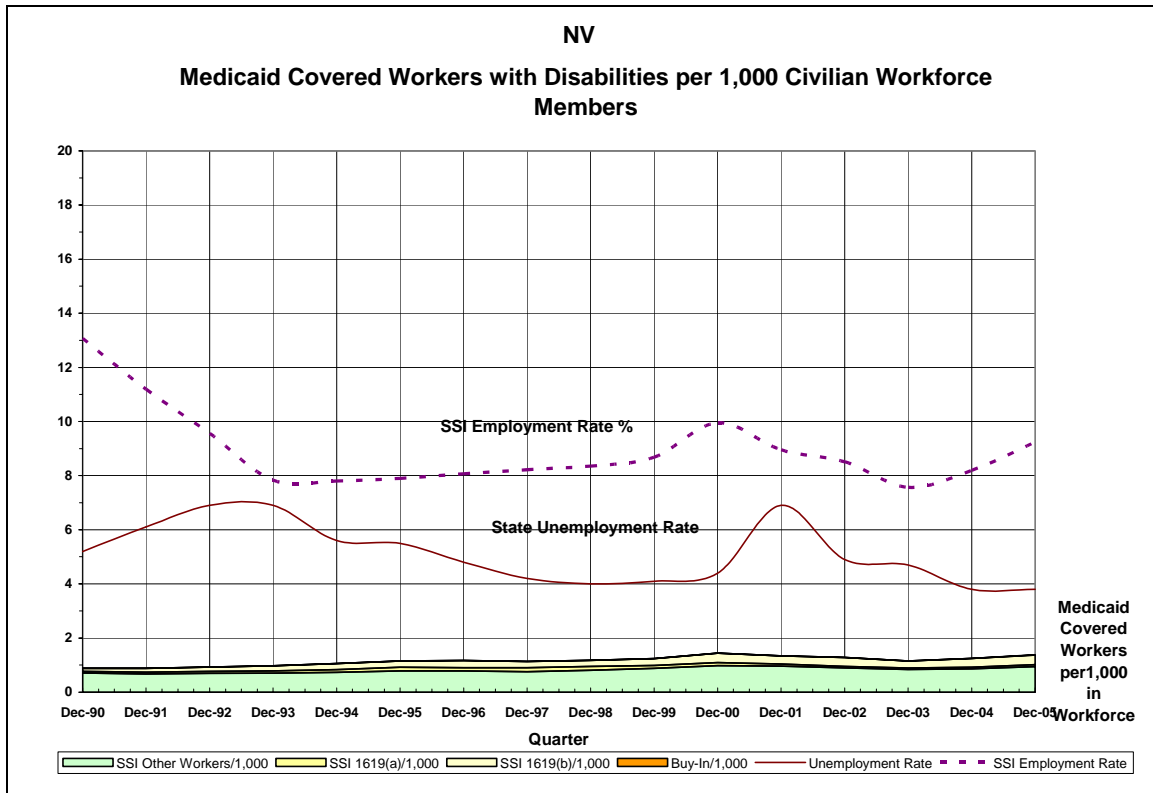
Quarter4: Staff attended five Medicare Part D Workgroup teleconference meetings for the State of Nevada, a three day Medicare Prescription Coverage Workshop and worked on development of a Nevada specific Medicare Part D informational brochure for Medicaid Buy-in participants.

Personal Assistance Services

PAS by State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Health Insurance for Work Advancement (HIWA)
Implementation Date	July 1, 2004	Federal Authority	TWWIIA Basic
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	No	Counting Earned Income Method	Some income disregards (not all SSI)
Counting Unearned Income Method	Unearned Income Limit \$699	Resource for Individual Limit	15,000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Not applicable	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	5% of Monthly Net Income \$1,595 or less; 7.5% of Monthly Net Income greater than \$1,595 to \$1,994	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.dhcfp.state.nv.us	Work Requirement	Must provide proof of employment (pay stub) or self-employment (tax return)
Enrollees at Beginning of Year	8	Enrollees at End of Quarter	23



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

New Hampshire

Agency	Project Director	Project Officer
New Hampshire Department of Health and Human Services, Office of Medicaid Business and Policy	Denise Bolduc-Musumeci 603-271-7224 dbolduc-musumeci@dhhs.state.nh.us	Carey Appold 410-786-2117 Carey.Appold@cms.hhs.gov
Website:	http://www.nepartnership.org/	Type of Grant: Conditional
New Hampshire's Medicaid Infrastructure Grant seeks to delink poverty from Medicaid, remove barriers to employment, and promote economic employment opportunities for people with disabilities.		

Grant Outcomes

Planned Outcome 1

Workforce development Initiative by using 2004 MIG findings to develop models that offer the most promise to people with disabilities for substantial gainful activity and real income gains supported by local industry and institutions of higher education.

Strategy

Contract with So. NH Univ. School of Economic Development (SCED) in utilizing findings from MIG 2004 on employment barriers, develop feasibility study, select models, and negotiate for potential partnerships with industry, community development corp's, educ'l institutions, VR, Work Opp. Council, etc

Accomplishments

Quarter1: 1. Developed concept paper on program models for improving employment to targeted stakeholders. 2. Conducted a series of meeting with prospective organizational partners and drafted policy approaches on business development infrastructure to address employment/self-employment.

Quarter2: Contract secured w/ SCED. Presentation of MIG 04 findings to gain support from State Rehabilitation Council towards achieving Workforce Development Initiative. Developed policy draft that addresses underemployment and improvement of social and economic outcomes of business owners with disabilities.

Quarter3: Established active database provided by NH Voc Rehab; converted data of job seeker occupational goals; analysis of job goals among VR underway. Data obtained on patterns of self-employment. Identification of partnerships underway with community based programs and job training programs.

Quarter4: A report titled "A Sectoral Approach to Workforce Development and Better Employment Outcomes for Persons with Disabilities in NH" by SCED was completed showing a conceptual model as a possible framework for implementing sectoral workforce development approaches.

Planned Outcome 2

Increase access to personal care services (PCS) statewide under the HCBC-ECI (Elderly and Chronically III) waiver services to provide people with disabilities the services needed to go to work.

Strategy

1. Implement certification process for OQAs (Other Qualified Agencies) to provide PCS. 2. Provide training and education to service planners about PCS options. 3. Conduct quality and assurance of billing thru new 2006 long-term care data system and conduct a file review of PCS difficulties reported.

Accomplishments

Quarter1: Collaboration with potential agencies and providers underway.

Quarter2: Contract underway. Workplan under revision to determine if a needs assessment is required as a preliminary step to providing education, training, and technical assistance to providers and agencies.

Quarter3: Contract with So. NH Univ to do Needs Assessment directed to employment providers/agencies. Workplan developed to refine asset develop. Job Develop trng technical assistance provided to support consumers to maintain employment. Final manual edits for employer on-site eval & collaboration.

Quarter4: The IOD felt they had could not provide customized employment to provider/agencies without first performing a needs assessment, to be completed in 2006. A literative review was done to guide the focus group for the needs assessment. Two articles & 2 trainings were done to promote employment.

Planned Outcome 3

Workplan continues from MIG 2005. The outcome is to maximize employment for individuals in Medicaid Buy-In & other Medicaid populations by NH Voc Rehab cross-data match & identify under-employed and/or expand employment services to help individuals reach highest level of economic independence.

Strategy

A Service Agreement continues thru June 2006 to complete workplan between Voc Rehab and the School of Community Economic Development at Southern NH Univ. who will team up to provide a VR customer data base and analyze occupational demands and labor trends, conduct outreach with selected job sectors and collaborate on workforce development models.

Accomplishments

Quarter1: VR collaboration begun with the School of Community Economic Development and with the state to establish an agreement for project goal and address infrastructure for employment/self-employment and policy for people to reach enhanced employment outcomes.

Quarter2: Collaboration between Voc Rehab, DHHS, and the SCED. Survey draft and development of training module for reaching enhanced employment outcomes completed.

Quarter3: Service Agreement established between NH Voc Rehab and So. NH Univ. NH Voc Rehab provided the data for So. NH Univ to perform the data analysis.

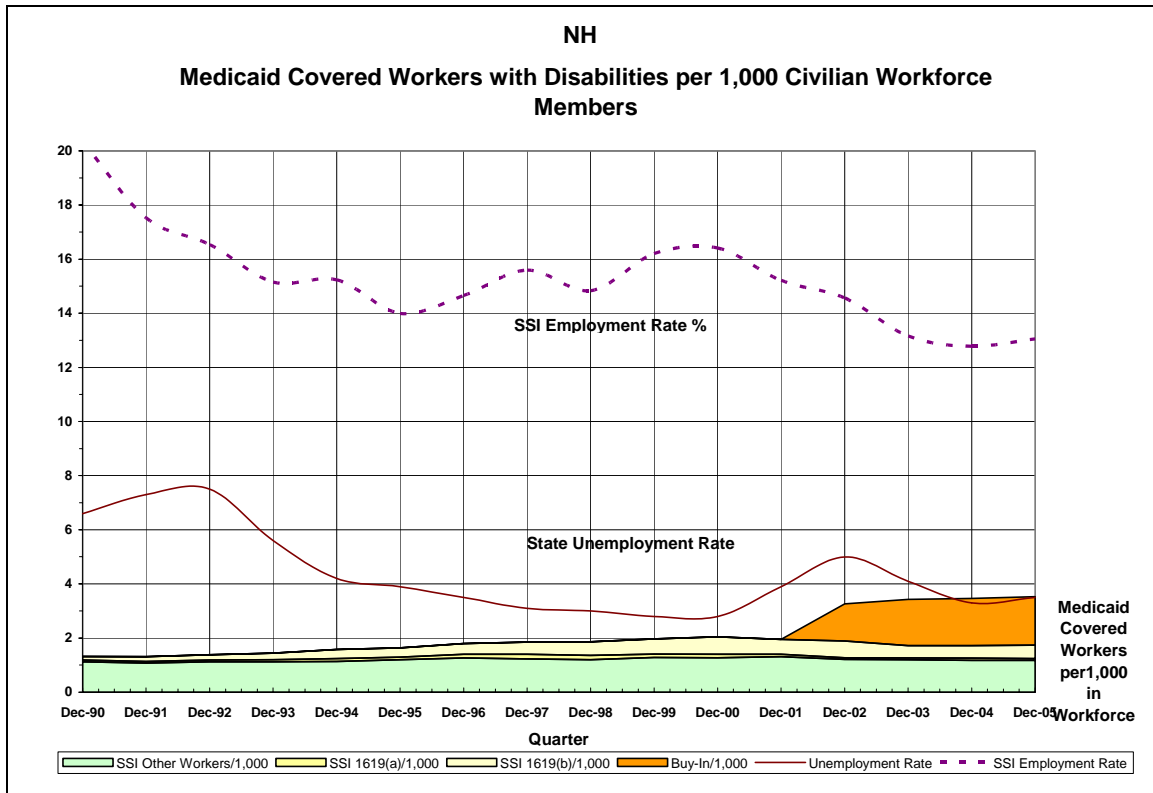
Quarter4: A joint contract between the School of Community Economic Development and NHVR has been accomplished with a date extension to complete project by June 30, 2006.

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	MEAD (Medicaid for Employed Adults with Disabilities)
Implementation Date	February 1, 2002	Federal Authority	TWWIIA Basic
Income Eligibility	Up to 450% FPL	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Unearned income is added to calculate net income	Resource for Individual Limit	\$21,947
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	7.5% of net income. Individuals with gross income above \$75,000/yr, pay full premium based on 7.5% of gross income. Pharmacy co-pays are \$1.00 for generic and \$2.00 for brand name.	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.dhhs.state.nh.us/dhhs/medicaidprogram/targeted-services.htm and www.gsil.org/clickemployment	Work Requirement	Earnings showing withholding of FICA (Federal Insurance Contribution Act); minimum wage requirement
Enrollees at Beginning of Year	1,268	Enrollees at End of Quarter	1,329



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

New Jersey

Agency	Project Director	Project Officer
Division of Disability Services	William Ditto 609-292-7800 William.Ditto@dhs.state.nj.us	Carey Appold 410-786-2117 Carey.Appold@cms.hhs.gov
Website:	www.njworkability.nj.gov	Type of Grant: Conditional
Program Description		
The New Jersey Medicaid Infrastructure Grant provides long term changes to increase work outcomes for people with disabilities.		

Grant Outcomes

Planned Outcome 1

To allow for greater participation of people with severe disabilities the workplace, pre-vocational and educational settings.

Strategy

Submit a Title XIX State Plan Amendment, in conjunction with the Division of Medical Assistance and Health Service, to permit personal care services in workplace settings. "Public Notice will be placed in the NJ Register by March 31st, 2005"

Accomplishments

Quarter1: Submitted Notice to State.

Quarter2: PCA Services are announced and displayed on the WorkAbility Powerpoint Presentation

Quarter3: Submitted Plan to State

Quarter4: Submitted plan to the State and are waiting on CMS approval.

Planned Outcome 2

To increase the rate of employment of individuals with disabilities via the establishment of a statewide business & employer network, focused on the employment of workers with disabilities.

Strategy

New Jersey will contract with the Heldrich Center for Workforce Development to form a Business Leadership Network in the state. Heldrich will involve business, government agencies and people with disabilities in the initial formation.

Accomplishments

Quarter1: Received proposal from the Heldrich Center for Workforce Development and in contracting mode.

Quarter2: DDS now has approval to contract with the Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey. They will provide technical assistance in developing and initiating a Business Leadership Network in the State of New Jersey.

Quarter3: Still in contracting phase. The contract will be ready at the end of this month.

Quarter4: Pending.

Planned Outcome 3

To increase transportation opportunities for individuals with disabilities who are employed or seeking employment.

Strategy

The New Jersey Division of Disability Services, in partnership with the Alan M. Voorhees Transportation Policy Institute at Rutgers, will conduct a two day statewide policy summit to begin implementing New Jersey's Five Year Transportation Plan.

Accomplishments

Quarter1: New Jersey has a Five Year Transportation Plan for Working People with Disabilities, which is the catalyst for this transportation summit.

Quarter2: Final Report and Map Atlas prepared by the Alan M. Voorhees Transportation Center, Edward J. Bolustein School of Planning and Public Policy, Rutgers, The State University of New Jersey. We are also planning a two day transportation conference for fall 2005.

Quarter3: The 2 day summit will be held at the Marriot Trenton The December 8 session will be targeted toward a consumer audience; the December 9 session will focus on New Jersey's legislative community.

Quarter4: The DDS partnered with the Voorhees Transportation Policy Institute and held a two day Summit titled "Meeting the Employment Transportation Needs of People With Disabilities in New Jersey." It was held on Dec. 8 & 9, 2005 at the Marriot Trenton at Lafayette Yard. About 100 people attended.

Planned Outcome 4

Educate youth in transition about work incentives and promote their involvement.

Strategy

The Division of Disability Services will partner with John J. Heldrich Center for Workforce Development at Rutgers University to develop and outreach campaign for "Youth In Transition" using case studies, the internet, and marketing.

Accomplishments

Quarter1: Received proposal from the Heldrich Center for Workforce Development and currently in contracting process.

Quarter2: The division can now set up a contract with the John J. Heldrich Center for Workforce Development.

Quarter3: We are currently building partnerships with stakeholders in transition and developing a curriculum and teacher's guide for the curriculum. Other activities to be done include Dissemination of project materials, Assistance for districts, project evaluation and returning project findings to partners.

Quarter4: None

Planned Outcome 5

To increase the number of transitioning students who join NJ WorkAbility after they receive employment.

Strategy

The Division of Disability Services in partnership with the NJ Department of Education, Office on Special Education Programs we will co-sponsor ten to twelve Regional Conferences on transitioning youth with disabilities and will outreach to over 1000 transitioning students.

Accomplishments

Quarter1: Met with Department of Special Education conferences are scheduled.

Quarter2: Dare to Dream Student Leadership Conferences were held from May 9th through June 1, 2005 and were held at six area colleges, one high school and County Special Service Office. We reached over 1,700 transitioning students in New Jersey.

Quarter3: "Dare to Dream" Student Leadership Conferences

Quarter4: Eight "Dare to Dream" student leadership conferences were held in May and June of 2005. Approximately 1,600 transitioning students, parents & educators participated in workshops on goal setting, self discovery, student self-advocacy and future planning.

Planned Outcome 6

In addition to outreach and marketing the MIG staff will continue to provide telephonic information & referral and support to the enrollees in the NJ WorkAbility program

Strategy

Provide initial information & referral and problem-solving of the Medicaid application process. Additionally, MIG staff will continue to maintain the customized NJ WorkAbility database as per grant requirements.

Accomplishments

Quarter1: MIG Staff has consulted with and outreached to thousands of people with disabilities in the past four years.

Quarter2: MIG staff refer consumers to the WorkAbility Program every day.

Quarter3: As of October 31, 2005, there are currently 1,714 active WorkAbility participants.

Quarter4: As of January 13, 2006 there are 1,776 active workability cases in New Jersey

Planned Outcome 7

Target minority and unserved or underserved people with disabilities for work incentives educational conferences and outreach.

Strategy

Through a partnership with the University of Medicine and Dentistry, the Hispanic Directors Association, and various other organizations we will co-sponsor 1 to 2 conferences on work incentive issues to the Latino community.

Accomplishments

Quarter1: Planning committee has met and invited general delegation to plan conference.

Quarter2: Planning a two day Latinos with disabilities employment conference for November 2005.

Quarter3: The Latinos with Disabilities Employment Conference, "Bridging the Gap", was held on November 16, 2005. We had over 300 attendees and ten workshops geared towards employment, technology, work incentives and benefits. We also included in the conference a career fair.

Quarter4: The Latinos with Disabilities Employment Conference, "Bridging the Gap", was held on November 16, 2005. We had over 300 attendees and ten workshops geared towards employment, technology, work incentives and benefits. We also included in the conference a career fair. We had over 300 attendees.

Planned Outcome 8

Educate consumers, employers, government officials, and statewide agencies about the value of work incentive programs like NJ Workability.

Strategy

Conduct a statewide outreach campaign to over 200 agencies and 5000 individuals.

Accomplishments

Quarter1: Conducted presentations to over 400 individuals about Buy-In.

Quarter2: We average about 6 presentations a week and usually to more than one organization or agency at once.

Quarter3: To date, the MIG staff has outreached to 229 agencies and continues to do WorkAbility presentations to consumers and agencies

Quarter4: To date, the MIG staff has outreached to 260 various agencies including state agencies, county offices, mental health groups, centers for independent living, women's groups, Latino organizations, transitioning students and professionals in the disabilities community.

Planned Outcome 9

To improve utilization of the infrastructure of transition supports for students with disabilities by improving student empowerment and leading to better student knowledge and use of existing services and supports for people in New Jersey with disabilities.

Strategy

The Division of Disability Services in partnership with The Boggs Center on Developmental Disabilities will gather project partners, Develop a curriculum and teacher's guide that will be mailed to all New Jersey School districts and presentations will be made to transition coordinators and regional stakeholders.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: N/A

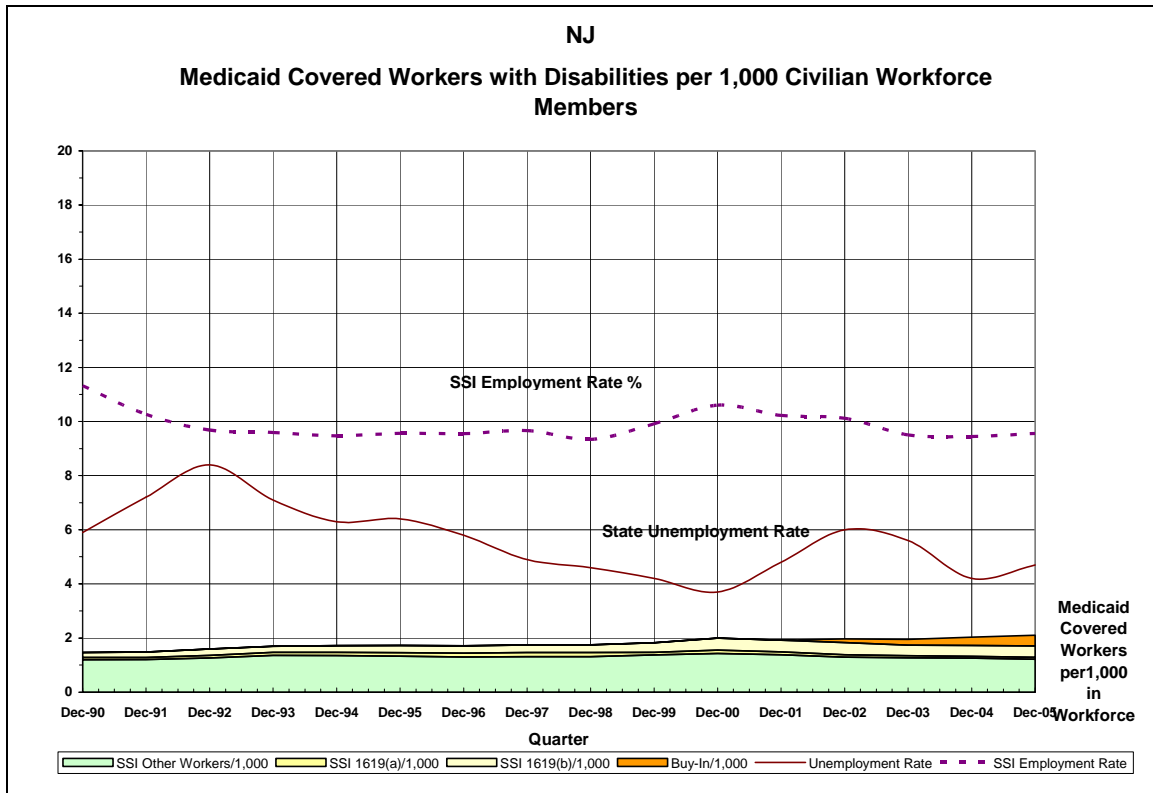
Quarter4: The curriculum has been sent out to New Jersey School districts.

Personal Assistance Services

PAS by State Plan

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	NJ WorkAbility
Implementation Date	February 01, 2000	Federal Authority	TWWIIA Basic
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	20,000 SINGLE - 30,000 COUPLE
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Flat rate	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.njworkability.nj.gov	Work Requirement	Yes
Enrollees at Beginning of Year	1,351	Enrollees at End of Quarter	1,776



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

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New Mexico

Agency	Project Director	Project Officer
NEW MEXICO HUMAN SERVICES DEPARTMENT	Ernesto Rodriguez, WDI Program Manager 505-827-6292 Ernesto.Rodriguez@state.nm.us	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	http://www.state.nm.us/hsd/mad/workingdisabled.html	
Type of Grant: Comprehensive		
Program Description		
The Working Disabled Individuals program covers: A. Individuals w/disabilities who are employed; OR B. Individuals w/disabilities who have lost eligibility for SSI/Medicaid due to the receipt of SSDI & are in the 24-month waiting period before rcv'g Medicare (known as MEDIGAP). Once Medicare begins, these individuals must meet SSA's definition of a qualifying quarter to maintain WDI eligibility.		

Grant Outcomes

Planned Outcome 1

Proportion representation in the workforce enjoy better quality of life. Change cultural attitudes resulting in more New Mexicans w/disabilities seek employment & employers hire more New Mexicans w/disabilities. Overhaul confusing/fragmented system to provider services. Eliminate duplicated services

Strategy

Assist in designing & conducting a comprehensive awareness & education campaign to decrease stigma, eliminate attitudinal barriers & discrimination & increase awareness of the advantages of hiring qualified people w/disabilities

Accomplishments

Quarter1: Have identified WDI partner representatives & established partnerships w/ NM State, & Fed Gov't agencies/dept's; that have a role in the employment of people with disabilities.

Quarter2: Strategic Plan provider contract approved effective 7-01-2005. Provider is Management of America, from Florida.

Quarter3: Strategic Plan provider, MGT of America traveled to NM. Held first meeting w/ID'd stakeholders. ID'd/Discussed employment barriers as well as issues/outcomes of the disabled & employers. Identified others to be included in WDI Strategic Plan planning. Scheduled mthly meetings for remainder of CY05

Quarter4: MGT of America staff traveled to Santa Fe Oct, Nov & Dec 2005. Conducted monthly meetings w/Strategic Planning Advisory Board (SPAB). Continued to identify other partners to include in SPAB. Submitted draft Strategic Plan to CMS 11/15/2005.

Planned Outcome 2

A single lead entity will assume ownership of funding and funding will be utilized in the best and most practical manner to support employment for people with disabilities

Strategy

Conduct assessment of all funds earmarked for providing employment svc's/support. Assess how these funds can be combined to better provide svc's/support for those w/disabilities & how to eliminate duplicating efforts & waste of funding. Combine resources to improve services & meet the needs of workers w/disabilities. Develop cost-sharing strategies.

Accomplishments

Quarter1: WDI/DVR outreach coordinator has submitted first draft of Marketing Plan. Late March-05 statewide caseworker program training began and as training continues review of training materials for update as needed will be an on-going process.

Quarter2: Draft Marketing Plan submitted by DVR to WDI Program Manager. DVR Outreach Coord. is in the process of producing/drafting a new program poster & information pamphlet. WDI staff have conducted program training to the Medicaid caseworkers (over 130 caseworkers) in half of the counties within NM.

Quarter3: As part of the Marketing Plan, DVR Outreach Coord. & WDI staff are working w/NM State Printing Office to come up w/a new & improved program poster which will be more attractive and eye-catching.

Quarter4: Completed WDI program poster delivered to DVR 12/05. Peer Associates will distribute them to various facilities (public & private) throughout NM.

Planned Outcome 3

More effective, efficient & robust services to NM WDI clients. Increased numbers of clients are referred to appropriate svc's throughout the system. Increase number of clients obtaining & retaining employment. Client satisfaction increases.

Strategy

Review NM's Info. Tech. (IT) plan. Review Office of Workforce Training Dvlpmt (OWTD) IT plan to determine if it meets the needs of the proposed DMS. Identify agencies that will participate in the common DMS, establish Data System Task Force (DSTF); Dvlp matrix identifying each agency & its services to working people w/disabilities. Identify information, define outcomes & establish protocols for outcome measurement. Work w/state IT to develop system specifications.

Accomplishments

Quarter1: New Joint Powers Agreement (JPA) w/DVR is still in the signature process; Once finalized, the employment process for the BPAO's & Peer Associates will continue.

Quarter2: We now have a JPA w/DVR and Outreach Coordinator position has also been filled, DVR is concentrating on getting BPAO's & Peer Associates positions filled.

Quarter3: At end of 3rd qtr DVR Outreach Coordinator employed/trained seven (7) WDI Peer Associates. WDI program now has program knowledgeable personnel in a much larger area of the state.

Quarter4: DVR Outreach Coord. has hired/trained 8 Peer Assoc.'s (PA's) that have been placed throughout NM. DVR will retain 6 PA's in 2006

Planned Outcome 4

People w/disabilities are able to enter/re-enter the workforce w/relative ease & without disruption to their health benefits & other necessary supports. Employers recognize valuable contributions of disabled employees & support their participation in the workforce.

Strategy

Establish Task Force to study barriers to employment and to develop strategies to eliminate or minimize their impact. Review barriers data collected by strategic planning consultants. Survey clients, clients' families, service providers, agency staff serving working disabled individuals and public & private sector employers regarding solutions to the identified barriers.

Accomplishments

Quarter1: Vacancy announcement was advertised March 28-April 01, 2005. It will be at least 4 weeks before a List of Eligible Applicants is available and Interviews can be conducted. Position should be filled by June 2005

Quarter2: Statistician vacancy has been offered, Applicant has accepted the position and will begin employment w/WDI program beginning August 01, 2005.

Quarter3: Readvertisement/Application period has expired and interviews will be held as soon as list of eligible applicant's is received from our State Personnel Office.

Quarter4: Advertised Statistician vacancy, conducted interviews and made recommendation to hire.

Planned Outcome 5

WDI Program consumers gain and/or retain employment, become entrepreneurs, & are full participants in the workforce. WDI Program consumers who used Medicaid health benefits no longer need those benefits & drop off the program as employers provide adequate health coverage.

Strategy

Establish & maintain partnerships w/NM state agencies/department; tribal governments; federal agencies/department; families and other entities that have or should have a role in the employment of people with disabilities.

Accomplishments

Quarter1: Submitted 2005 1st quarter report to CMS. Currently working on 2004 Annual Data report for June 30, 2005 submission.

Quarter2: Presented 2005 1st qtr info to the NM Medicaid Advisory Comm (MAC).

Quarter3: Presented 2005 2nd Qtr info to the NM Medicaid Advisory Committee (MAC). Provided information (as requested by MAC members) to further clarify the issue of those w/disabilities coding as "Other" conditions, disabilities, & diseases when reporting Personal Assistance Services.

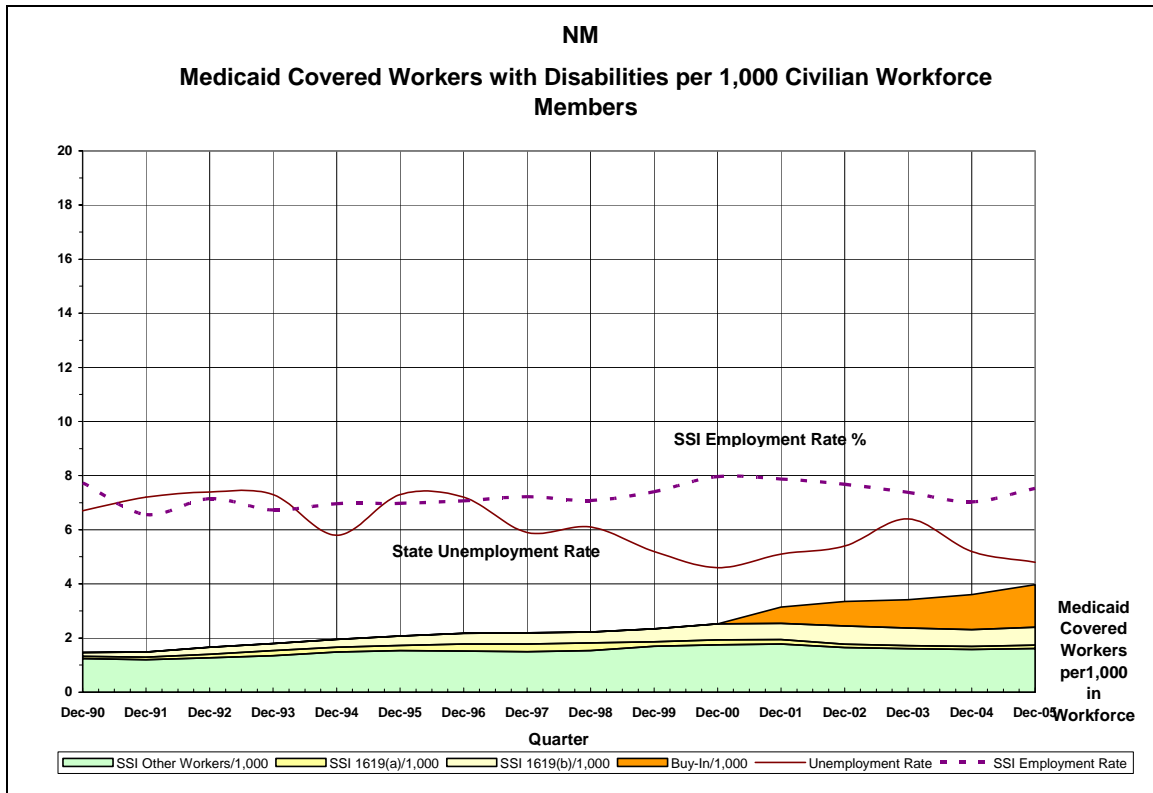
Quarter4: Presented 2005 3rd Qtr info to the NM Medicaid Advisory Committee (MAC). Provided info (as requested by MAC members) regarding types of employers and job titles. Also provided info showing WDI program growth from the inception (1-01) to current

Personal Assistance Services

PAS by State Plan

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Working Disabled Individuals Program (WDI)
Implementation Date	January 01, 2001	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	\$10,000 for individual, \$15,000 for couple
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Co-pay
Method to Calculate Monthly Premiums	Clients are responsible for keeping track of co-payments and providing receipts to caseworker once maximum is thought to be met. If the co-payment max has been met, a computer code is entered so that no co-payments are to be charged/paid for the rest of the calendar year.	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.state.nm.us/hsd/mad/workingdisabled.html	Work Requirement	MEDIGAP=Loss of SSI due to initial rcpt of SSDI-once entitled to Medicare, these individuals must become employed. WORKING=have enough gross earnings in a calendar qtr to meet SSA's definition of a qualifying quarter; Social Security & Medicare taxes must be paid on these earnings.
Enrollees at Beginning of Year	1,181	Enrollees at End of Quarter	1,481



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New York

Agency	Project Director	Project Officer
New York State Department of Health	Linda LeClair (518) 474-8887 lx110@health.state.ny.us	Carrie Smith 410-786-4485 carrie.smith@cms.hhs.gov
Website:	www.health.state.ny.us/nysdoh/medicaid/buy_in/buy-in_work_disabled.htm	
Type of Grant: Continuation		
Program Description		
The New York Medicaid Infrastructure Grant(MIG) is administered by the New York State Department of Health; the single state Medicaid agency. The MIG project focuses on key activities necessary to implement a Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) in New York State, including automation of premium processing, outreach to people with disabilities and education of local Department of Social Services staff, consumers, advocates and stakeholders about the MBI-WPD program.		

Grant Outcomes

Planned Outcome 1

In order to complete automation of a premium payment collection and tracking system in this grant year, we will enter into a contract with a selected vendor.

Strategy

Contract to Office of the State Comptroller.

Accomplishments

Quarter1: Moratorium continues on premium collection until automated system is operational.

Quarter2: Contract submitted to Office of State Comptroller.

Quarter3: Contract with Office of the State Comptroller.

Quarter4: Contract signed by Office of State Comptroller.

Planned Outcome 2

In order to create a more supportive environment for the increased number of persons with disabilities who will apply for the MBI-WPD program at Local Department of Social Services offices, New York will contract to provide statewide Disability Awareness Training.

Strategy

Disability Awareness Training to be offered in October 2004 to local Department of Social Services staff.

Accomplishments

Quarter1: Trainings held in October 2004

Quarter2: Disability Awareness Trainings completed by October 31, 2004.

Quarter3: Completed

Quarter4: Accomplished.

Planned Outcome 3

In order to increase public awareness of the MBI-WPD program in New York and bring together consumers, employers, Benefits Planners and local district staff, hold a MBI Conference, "Building Community Partnerships".

Strategy

Statewide conference offers a forum for discussion and a venue for outreach and education to consumers, employers, etc.

Accomplishments

Quarter1: Conference held November 9, 2004

Quarter2: Conference held on November 9, 2004.

Quarter3: Conference held November 9, 2004.

Quarter4: Accomplished.

Planned Outcome 4

In order to ensure that the premium payment collection and tracking (PPCT) system interface and automated systems are fully functional by the implementation date, test both the interface and automated system and make necessary changes.

Strategy

Testing facilitates appropriate function of the system when the system becomes operational.

Accomplishments

Quarter1: The premium payment collection and tracking system is still under development, therefore, testing will occur when PCCT system is complete.

Quarter2: Testing will occur when interface is complete.

Quarter3: Testing will occur when interface is complete.

Quarter4: Testing to begin when interface is complete.

Planned Outcome 5

In order to increase public awareness of New York's MBI-WPD program and facilitate enrollment into the program, design and print a Toolkit for applicants.

Strategy

MBI-WPD Toolkit offers consumers ease of education and application for the MBI-WPD program.

Accomplishments

Quarter1: Toolkits printed and distributed to advocates, local Departments of Social Services and consumers.

Quarter2: MBI-WPD Toolkit printed and distribution is ongoing.

Quarter3: Completed

Quarter4: Accomplished.

Planned Outcome 6

In order to provide an interface between existing systems and the automated premium payment collection and tracking system, development of the premium payment collection and tracking interface will be completed.

Strategy

Policy staff continues to work with systems staff to insure that specs for interface meet the needs of the program.

Accomplishments

Quarter1: Work on interface continues.

Quarter2: Draft of interface continues.

Quarter3: Draft of interface continues between systems and program staff.

Quarter4: Work on interface continues. Systems and program staff cooperating to accomplish this task.

Planned Outcome 7

Operationalize the interface and automated premium payment collection and tracking system

Strategy

System becomes operational after testing is complete.

Accomplishments

Quarter1: Automated PCCT system is still in development

Quarter2: System will be operational following testing.

Quarter3: System will be operational following testing.

Quarter4: System will be operational following testing.

Planned Outcome 8

In order to assess consumer satisfaction with the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD), a survey instrument will be developed that is suitable for mailing to all MBI-WPD participants.

Strategy

A graduate student intern will be hired to develop the survey instrument and a database for storage of data obtained from the survey. Instrument will be printed and mailed to all MBI-WPD program participants.

Accomplishments

Quarter1: N/A

Quarter2: Survey instrument in development.

Quarter3: Survey instrument completed and internal clearance process begun.

Quarter4: The survey instrument and cover letter was mailed to all MBI-WPD recipients on December 29, 2005.

Planned Outcome 9

In order to provide outreach and information about the Medicare Prescription Drug Program to MBI-WPD recipients who are in receipt of Medicare and Medicaid through the MBI-WPD program, a brochure and cover letter will be developed and mailed.

Strategy

Development of a brochure and cover letter for mailing to MBI-WPD participants who also have Medicare.

Accomplishments

Quarter1: N/A

Quarter2: Brochure and cover letter in development.

Quarter3: Brochure and letter developed and internal clearance begun.

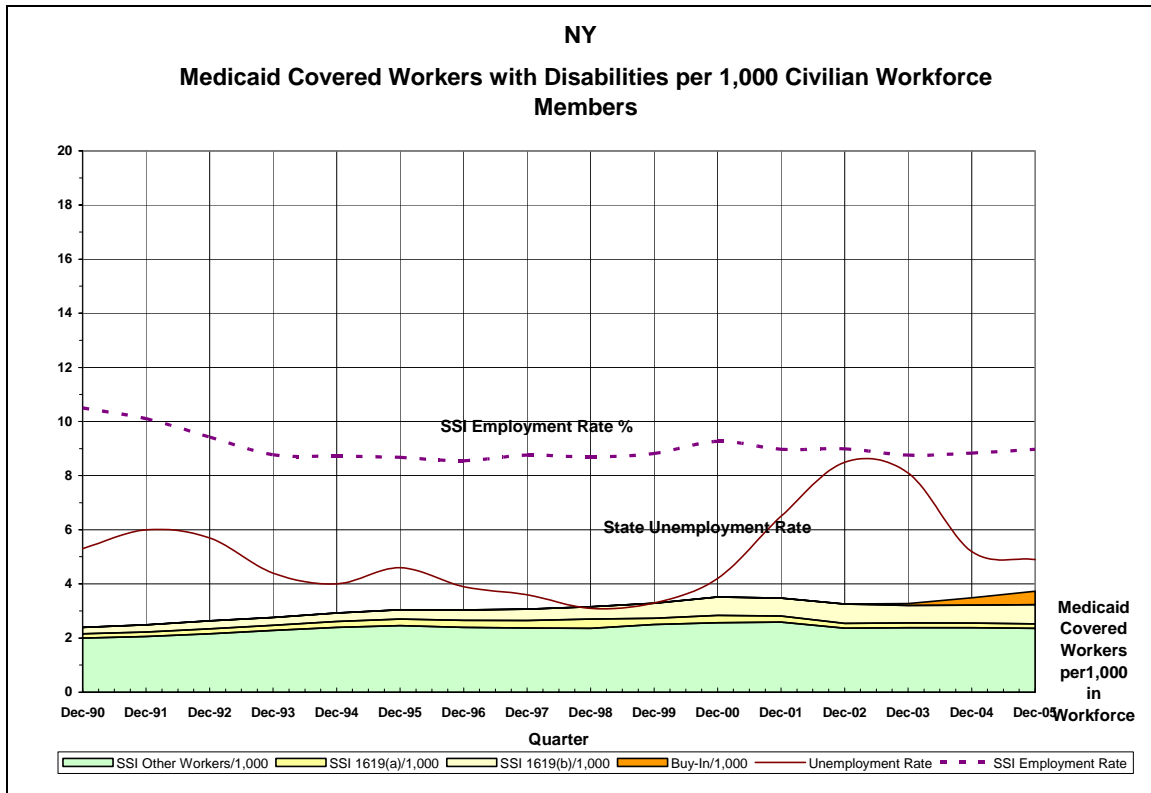
Quarter4: Brochure approved by CMS.

Personal Assistance Services

PAS by State Plan

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Buy-In for Working People with Disabilities (MBI-WPD)
Implementation Date	July 01, 2003	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	10,000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	3% net earned plus 7.5% net unearned income	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.health.state.ny.us/nysdoh/medicaid/buy_in/buy-in_work_disabled.htm	Work Requirement	Basic Group: The applicant/recipient must be engaged in a work activity for which financial compensation is paid and pay all applicable state and federal income and payroll taxes. Medical Improvement Group: Applicant/recipient must be engaged in a work activity for which financial compensation is
Enrollees at Beginning of Year	2,481	Enrollees at End of Quarter	4,761



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North Carolina

Agency	Project Director	Project Officer
North Carolina Division of Vocational Rehabilitation Services	Brenda S. Williamson (919) 855-3584 brenda.s.williamson@ncmail.net	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	N/A	Type of Grant: Continuation
Program Description		
Approximately 289,000 North Carolina citizens receive SSI and/or SSDI. In its first nine months, the State's BPAO project saw over 908 of these recipients. Eight-eight percent of these individuals were working or were seeking employment. Fear of losing health care benefits and personal assistance services were the most frequently cited fears and deterrents to employment. The MIG project plans to remove barriers to employment for people with disabilities and to develop Medicaid infrastructure to support individuals with disabilities who choose to work.		

Grant Outcomes

Planned Outcome 1

Develop and begin implementing a comprehensive plan for enhancing personal assistance services (PAS) to support people with disabilities to go back to work, work more hours or get a better job.

Strategy

Collaborate w/ other PAS-related grant projects working on PAS issues/challenges; Conduct key informant interviews; Discuss in Advisory Council meetings; Conduct consumer survey of needs, barriers, preferences related to PAS; Develop and implement tracking mechanism for 2007 Medicaid State Plan Change

Accomplishments

Quarter1: PAS Workgroup met four times to discuss definitions & decide on approach for enhancing services. Presented at Feb.'s Advisory Council meeting & members were updated on the group's progress. Members decided that amendment was a preferable avenue for enhancing services compared to waiver options.

Quarter2: PAS workgroup has formulated a strategy for moving forward with PAS enhancement

Quarter3: The Advisory Council has now reached a consensus of what constitutes PAS. Survey used to conduct consumer survey of needs should be completed by the end of October 2005.

PAS workgroup met on July 21, 2005.

Quarter4: PAS workgroup met five times to decide on an approach to enhancing services. Data is currently being compiled from the survey created to identify consumer needs. A definition of PAS was established and a strategy for service delivery was developed. The workgroup is now focused on implementation.

Planned Outcome 2

Design and implement a Medicaid Buy-In program that will improve employment opportunities for people with disabilities.

Strategy

Draft legislation, submit to gov't body; Conduct education and outreach for MBI proposal; Prepare detailed operational plan for MBI implementation; Draft monitoring and evaluation plan for MBI; Put in place data sharing agreement.

Accomplishments

Quarter1: Buy In legislation was developed and the Blue Ribbon Commission on Medicaid Reform recommended the legislation in its report to the 2005 NC General Assembly. Deputy Director of non-profit advocacy group led efforts to get community support.

Quarter2: Senate bill S119 appropriated \$400,000 for the 2005-2006 fiscal year for the Medicaid Buy In, effective July 1, 2005. Additional information on Buy In implementation should be reported to the NC General Assembly not later than March 2006.

Quarter3: MBI legislation was approved by the Governor the State legislature and signed into law in August 2005. Work on completing other strategies has already begun. MBI workgroup met on July 21, 2005.

Quarter4: Buy-In legislation was developed in early 2005. MBI Legislation was approved by the Governor and the General Assembly and signed into law in August 2005. The Buy-In will be implemented in NC in July 2006. An implementation strategy has been formulated, and a plan is now being developed.

Planned Outcome 3

Increase employment among SSI enrollees through use of existing SSI work incentives.

Strategy

Develop action plan for coordinated outreach/education on SSI work incentives in collaboration with SSA and BPAO; Prepare a monitoring/evaluation plan for measuring the impact of SSI work incentives, especially to transition-age youth; Plan and conduct joint educational sessions.

Accomplishments

Quarter1: Conducted SSI outreach by presenting information on the mechanics of SSI Work Incentives to over 100 service professional in three different training sessions. Worked in cooperation with the SSA BPAO projects.

Quarter2: Conducted SSI outreach by presenting information on the mechanics of SSI Work Incentives to approximately 110 service professionals in two different training sessions. Worked in cooperation with SSA BPAO projects. Plans are underway to conduct a transition-age youth conference.

Quarter3: Outreach was conducted to over 75 SSI recipients via statewide SSA Disability Forums. Plans are near completion for a Transition age youth conference.

Quarter4: Conducted SSI outreach to approximately 300 SSI recipients, service professionals, and consumer stakeholders via statewide training sessions and disability forums. Plans are near completion for a statewide transition -age youth conference.

Planned Outcome 4

Establish and meet regularly with a Work Incentives Advisory Council to address barriers to employment and develop a strong voice to increase employment for people with disabilities.

Strategy

Hold three Advisory Council Meetings; Involve Council in planning focus groups, survey for MBI and PAS; Involve Council for MBI legislative support; Involve Council in SSI outreach and education; Involve Council in identifying additional PAS needs

Accomplishments

Quarter1: Held February Advisory Council meeting, which was well attended. Members continue to be dedicated to MIG project.

Quarter2: Held May Council meeting which was well attended.

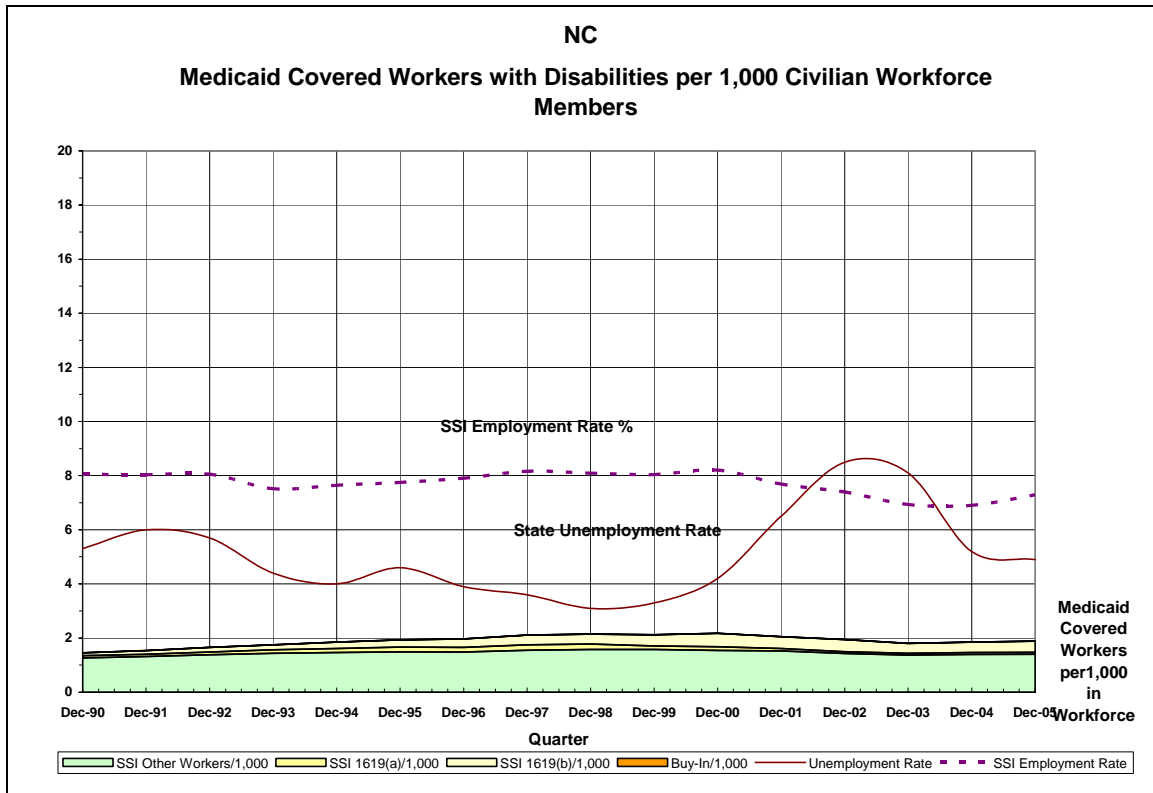
Quarter3: The Advisory Council meeting held in August 2005 was well attended. The Council members remain quite dedicated to the MIG project.

Quarter4: Four Advisory Council meetings were held in 2005 (February, May, August and November) and all of them were well attended.

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In Actively pursuing a buy-in



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

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North Dakota

Agency	Project Director	Project Officer
Minot State University	Tom Alexander 701-858-3436 tom.alexander@minotstateu.edu	Carey Appold 410-786-2117 Carey.Appold@cms.hhs.gov
Website:	www.ndmig.com	Type of Grant: Continuation
Program Description		
North Dakota Medicaid Infrastructure Grant has developed a variety of state-wide partnerships which assisted the grant in developing a Medicaid buy-in program for the state of North Dakota. NDMIG prides itself on developing state-wide infrastructure to look at all barrier to employment for people with disabilities.		

Grant Outcomes

Planned Outcome 1

Ensure Workers with Disabilities (Medicaid Buy-In) Coverage will become a permanent employment support for people with disabilities in ND.

Strategy

- Partner with consumers, stakeholders to educate policy makers and public about role of WWD. - Increase access to WWD through effective outreach. - Inform the policy making process through quality research on impact of RL on people with disabilities in ND.

Accomplishments

Quarter1: The Workers with Disabilities coverage was passed by 59th Legislative Assembly and will become a permanent program within ND Century Code

Quarter2: Met outcome. Ensured the Workers with Disabilities Program was in statute with out sunseting.

Quarter3: Completed

Quarter4: Goal Met

Planned Outcome 2

Improve the availability and quality of PAS to support working people with disabilities in ND and meet full eligibility criteria for MIG funding.

Strategy

- analyze current PAS system, whether it meets full eligibility status. - assess training, recruitment & benefit packages of QSP the provide PAS services. - to provide increased PAS hours needed to support employment. - build capacity & develop strategies/tools to match QSP's with PAS users.

Accomplishments

Quarter1: Developed a statewide partnership and initiative to assess to accomplish the strategy list above.

Quarter2: Created a statewide team and partnered with the North Dakota Disabilities Advocacy Consortium to develop an action plan to work on strategies.

Quarter3: Working with ND counties and NDDHS to tracking unintended issues with PAS moving to State Plan. NDMIG developed and implemented a tracking systems to track those individuals and will use the data accordingly in partnership with counties and DHS.

Quarter4: Continue to work with ND Counties and NDDHS to track unintended issue the PAS moving to the state plan. ND counties continue to report on the tracking system. Reporting will continue into year 2006 and will finish in the spring of 2006.

Planned Outcome 3

Increase employment and self-employment opportunities for people with disabilities.

Strategy

- Dev. employment initiative in partnership with organizations, disseminate information & provide training. - dev. a statewide self employment network. - dev. statewide employer/business initiative to inform/educate employers about benefits, reliability & availability of people with disabilities.

Accomplishments

Quarter1: Develop resource manual and began initial set up of statewide resource group in Fargo on self employment. Will begin efforts in other cities in 2nd quarter.

Quarter2: Statewide Self Employment Network developed with regional groups forming a located network on self employment. Partnering with statewide businesses to create and implement a statewide strategic plan for employment of people with disabilities.

Quarter3: Four of the eight regions in ND have started their own self-employment network to cover their regions. Partnering with ND VR to completed focus groups in ND and on ND Reservations.

Quarter4: 4 of the 8 ND regions have working self-employment groups. NDMIG self employment initiative was established to build partnerships and collaborate with other employment entities in ND. This was a successful venture. ND Chapter of APSE has taken ownership and will continue to promote self employment.

Planned Outcome 4

Develop a statewide Housing Task Force

Strategy

Build a infrastructure of housing and disability professionals; Establish housing barriers for people with disabilities who want to or are working; Develop working groups within the task force; Establish a task force mission statement; Establish ground work and collect data for possible legislative action; Continue to build information on housing in ND.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: Have conducted 4 meetings; Developed working groups within task force

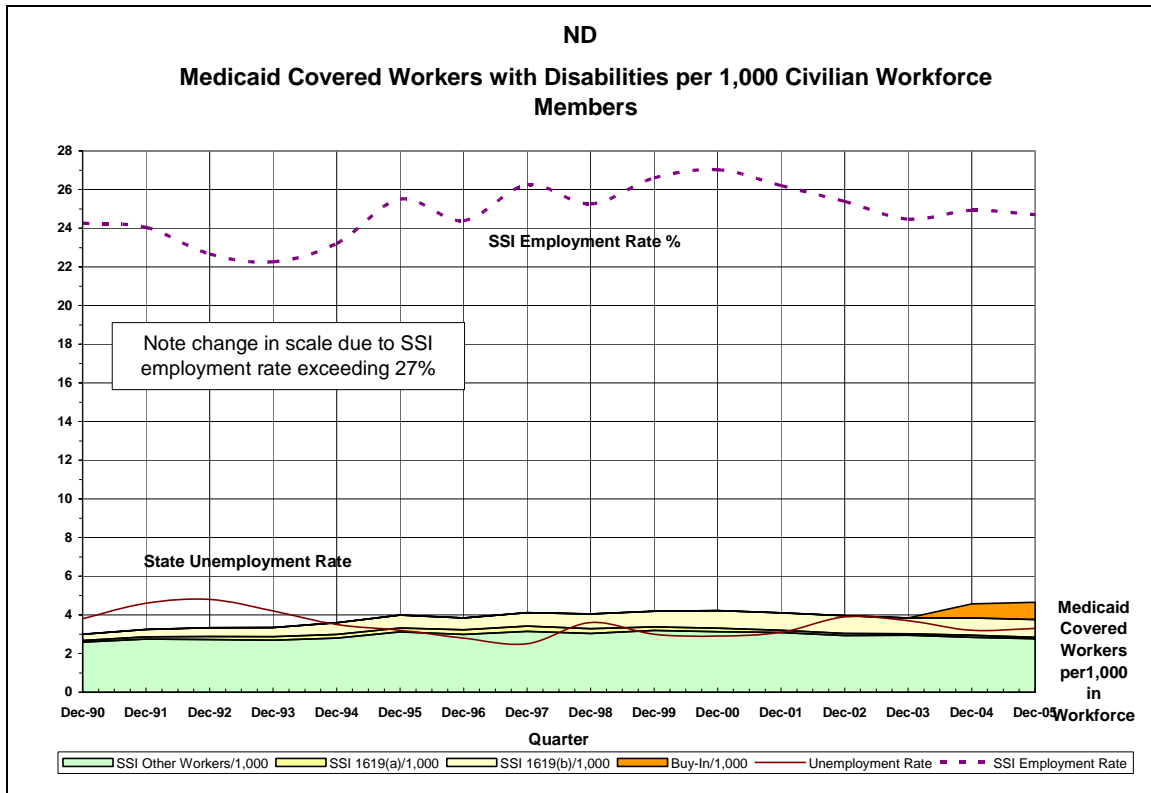
Quarter4: The Statewide Housing Task Force has been very successful. A total of 5 meetings have occurred. Members of working committees are working extremely hard. This effort will continue into 2006.

Personal Assistance Services

No State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Workers with Disabilities Coverage
Implementation Date	May 03, 2004	Federal Authority	TWWIIA Basic
Income Eligibility	Up to 225%	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	10,000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	5 % of gross income	Medicaid Eligibility Review	Monthly
Web Site for Additional Information	www.ndmig.com	Work Requirement	Produce a product or service.
Enrollees at Beginning of Year	258	Enrollees at End of Quarter	317



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Ohio

Agency	Project Director	Project Officer
Ohio Department of Job and Family Services	Brenda Lucas (614) 728-8476 lucasb@odjfs.state.oh.us	Adrienne M. Delozier 410-786-0278 adrienne.delozier@cms.hhs.gov
Website:	None	Type of Grant: Continuation
Program Description		
N/A		

Grant Outcomes Planned Outcome 1

Premium collection system design

Strategy

The Request for Proposal (RFP) for the design a premium collection system has been developed and has been forwarded to the entity within the ODJFS responsible for posting on the department website for procurement opportunities.

Accomplishments

Quarter1: Completed necessary development to have the RFP ready for posting.
 Quarter2: RFP is ready.
 Quarter3: MIG program staff has continued to pursue the approval and movement of the RPF.
 Quarter4: none

Planned Outcome 2

Hire a fulltime program manager to monitor MIG related contract deliverables for the MBI program.

Strategy

To find an individual who can navigate disability policy that encompasses building an employment network.

Accomplishments

Quarter1: Job description and approved by human resources. Several candidates were interviewed for the position and no selections were made.
 Quarter2: none
 Quarter3: none
 Quarter4: none

Planned Outcome 3

Pursue a personal assistance study in order to develop ideas to improve availability of personal assistance to working people with disabilities.

Strategy

The Lewin group will interview state department staff (ODJFS, MR/DD/MH) and conduct consumer focus groups.

Accomplishments

Quarter1: The ITB was released, proposals reviewed and a vendor was selected. The actual kick-off will begin 3/25/05, with bi-weekly conference calls and interviews beginning April 19.
 Quarter2: The study is complete and recommendations are being reviewed and considered.
 Quarter3: Lewin Group completed the PAS study and submitted the final report.
 Quarter4: The Lewin Group completed the personal assistance study and make recommendations to ODJFS.

Planned Outcome 4

To sponsor a statewide conference for people with disabilities, Ohio organizations, families and advocates to raise awareness of the MBI program, while emphasizing the importance of employment for people with disabilities.

Strategy

Secure a contractor to plan, organize and execute conference deliverables.

Accomplishments

Quarter1: The conference is name is "Pathways to Employment". The agenda and all speakers are secured. The hold the date announcement is due to be sent out in early April. Registration will begin in early May.

Quarter2: Attendee's responded with positive feedback about the employment conference.

Because of the support and interest, the goal is to have another conference in 2006.

Quarter3: Conference completed successfully.

Quarter4: The conference was completed successfully with 200 attendees.

Planned Outcome 5

PAS Study II - to aid in the comprehensive needs assessment of Ohioans with disabilities to determine the need for workplace personal assistance services. This could further aid Ohio in meeting a performance standard for future grant awards for Ohio.

Strategy

Hire a contractor to analyze the current usage of personal assistance services, i.d. need for PAS in the workplace and identify ways the state can improve PAS for workers with disabilities.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: Hire a contractor to analyze the current usage of personal assistance services, i.d. need for PAS in the workplace and identify ways the state can improve PAS for workers with disabilities.

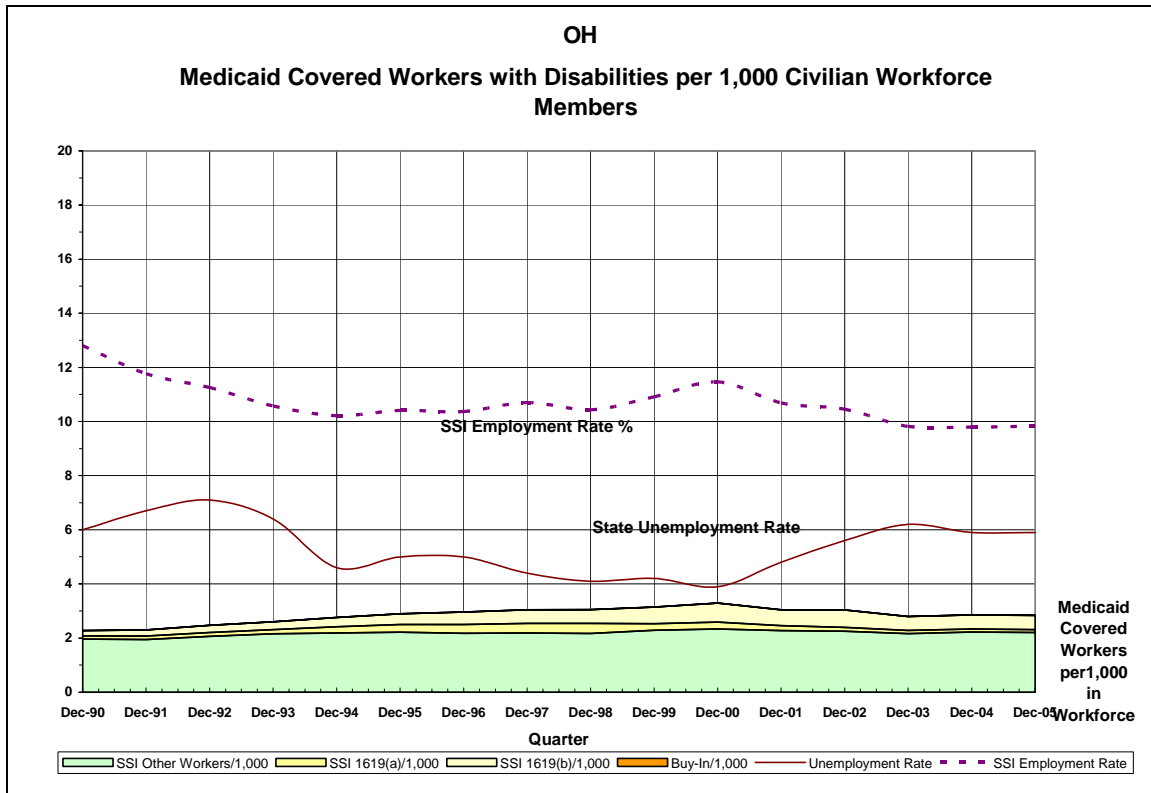
Quarter4: Hire a contractor to analyze the current usage of personal assistance services, i.d. need for PAS in the workplace and identify ways the state can improve PAS for workers with disabilities.

Personal Assistance Services

No State Plan and 1 Waiver

Medicaid Buy-In

No data available



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Oregon

Agency	Project Director	Project Officer
Department of Human Services	S. Travis Wall 503-945-5857 travis.wall@state.or.us	Jeannine Eberly 410-786-5664 Jeannine.Eberly@cms.hhs.gov
Website:	no current project website	Type of Grant: Comprehensive
Program Description		
None available		

Grant Outcomes

Planned Outcome 1

Develop the Leadership Network at the State and Local Levels

Strategy

Identify and recruit leadership; develop and implement communications plan

Accomplishments

Quarter1: Planned facilitated stakeholders meeting that was convened April 11 to launch activities.

Quarter2: Conducted a facilitated meeting of stakeholders to launch activities; Conducted outreach to key partners; Recruited and filled Administrative Specialist and Research Analyst positions; Recruited for Project Manager and Program Technician positions -- involved partners in the interviewing process.

Quarter3: Hired Project Manager. 22-member Leadership Council appointed. Council met and reviewed mission, objectives and functions. Project Manager began meeting with state and local groups. Newsletter created. Two issues published and disseminated to stakeholders.

Quarter4: Additional members appointed to Leadership Council.

Planned Outcome 2

Promote development of evidence-based supported employment to persons with serious and persistent mental illness throughout Oregon

Strategy

Provide targeted counties with needed support, resources and technical assistance to convert from day treatment to supported employment. Initiate efforts in 1-2 counties in first year; 2-3 counties in second year; 2-3 counties in third year.

Accomplishments

Quarter1: Planned facilitated stakeholders meeting that was convened April 11 to launch activities.

Quarter2: Continued participation in conference calls with CWD and NCHSD; Attended the CMS meeting in Baltimore and were trained in logic model creation; Monitored progress of 2005 Oregon Legislature in making critical budget and policy decisions that will impact the strategic planning process.

Quarter3: Assembled planning design team. Appointed, convened Leadership Council. Initiated process for identifying key barriers: solicited input of Leadership Council; completed 3 of 9 community forums; interviewed initial group of key stakeholders; arranged for development of issue briefs on key issues.

Quarter4: Obtained input through 9 community forums, 15 additional key informant interviews and completion of 10-plus concept papers and issue briefs on barriers and issues, 4 intensive planning meetings with Leadership Council. Developed/reviewed draft strategic plan with CMS.

Planned Outcome 3

Increase the availability of supported employment services and supports to persons with developmental disabilities through expansion of existing supported employment services and supports and development and implementation of new initiatives

Strategy

Assemble workgroup to make recommendations regarding activities, with an emphasis on: a. Providing training and development to 12 interagency supported employment teams b. Supporting development and operation of a training academy for job coaches, in order to increase the availability of local vocational assistance and resources c. Providing cross training on supported employment best practices and issues to SPD-OVRS partners.

Accomplishments

Quarter1: Completed development and submission of Finder File data; planned facilitated stakeholders meeting that was convened April 11 to launch activities.

Quarter2: Hired Research Analyst; Entered into a contract with Employment Department to share data; Submitted the finders file to CMS; Submitted the Annual Medicaid Buy-in Report; Conducted queries on data to assess value for outcome tracking

Quarter3: Established outcomes tracking system workgroup and began to meet.

Quarter4: Continued to plan outcomes tracking system.

Planned Outcome 4

Increase the availability of supported employment of persons with acquired traumatic brain injuries.

Strategy

This strategy will be refined and the activities for carrying it out will be identified after further research and development. Implementation will follow. Priority consideration will be given to funding one or more replicable demonstration projects.

Accomplishments

Quarter1: Developing request for supplemental award to do outreach and education on Medicare Part D; planned facilitated stakeholders meeting that was convened April 11 to launch activities.

Quarter2: Requested supplemental grant for Medicaid Part D outreach; Assessed the implementation of a client cost-tracking system for the Medicaid buy-in program

Quarter3: Initiated planning for supplemental grant. Implemented client cost tracking system for Medicaid Buy-In Program.

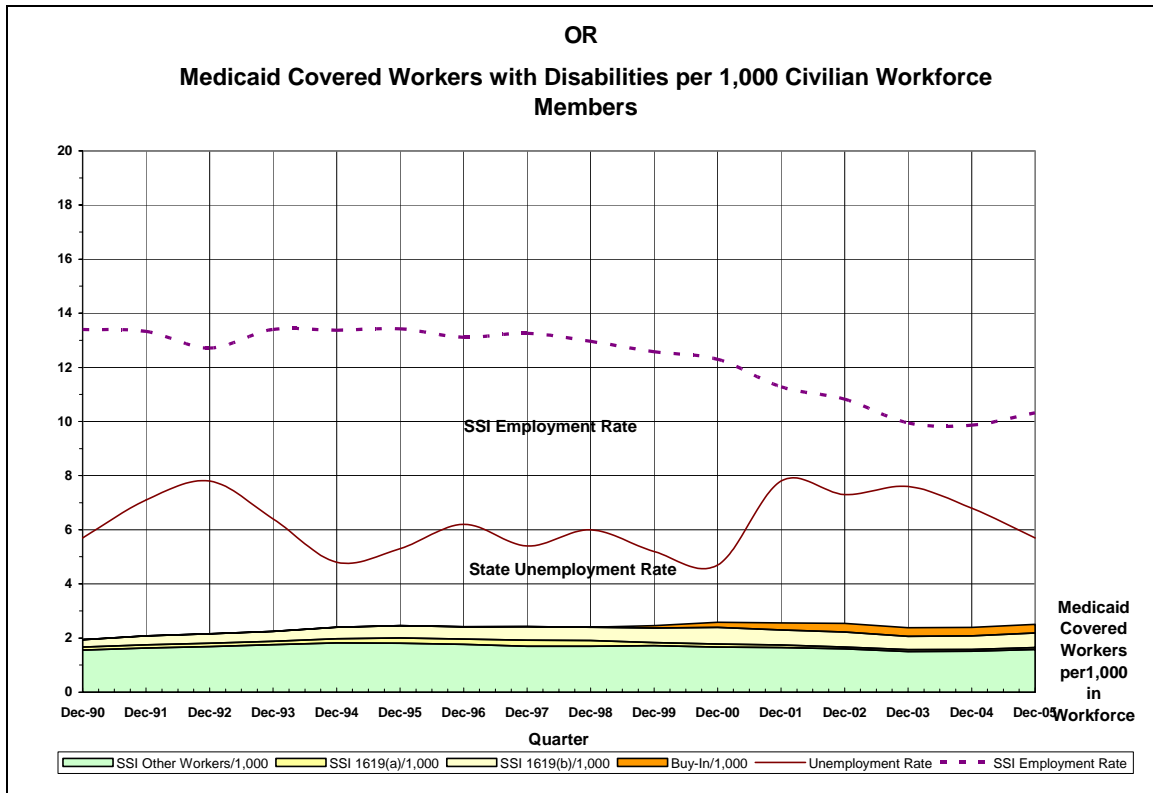
Quarter4: Completed planning for supplemental grant. Arranged for implementation with sister program (Dept of Human Services, Medicaid Modernization Act Team). Participated in buy-in work group. (Sustaining/refining the buy-in program, other elements Medicaid infrastructure, will remain a Project priority.)

Personal Assistance Services

No State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Employed Persons with Disabilities (EPD)
Implementation Date	February 01, 1999	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology + allow Empl & Indep expenses
Counting Unearned Income Method	Excluded for eligibility; counted for contribution	Resource for Individual Limit	5000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Unearned \$ above maintenance standard paid monthly
Method to Calculate Monthly Premiums	Gross income plus any unearned income remaining after cost-share is paid, subtract(1)mandatory taxes for an allowance of one,(2)approved employment and independence expenses, (3)200% of the federal poverty level. Multiply remainder by 2% to 10%	Medicaid Eligibility Review	Based on stability of emp. not to exceed 12 mos
Web Site for Additional Information	http://egov.oregon.gov/DHS/spwpd/empserv.shtml#epd	Work Requirement	Must be attached to the workforce (defined as earning at least \$920 per calendar quarter)
Enrollees at Beginning of Year	581	Enrollees at End of Quarter	594



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Pennsylvania

Agency	Project Director	Project Officer
Pennsylvania Department of Public Welfare	Carol Tooker (717) 772-7815 ctooker@state.pa.us	Carey Appold 410-786-2117 Carey.Appold@cms.hhs.gov
Website:	http://www.dpw.state.pa.us/oim/Medicaid/oimMawd.asp	
Type of Grant:	Continuation	
Program Description		
Medicaid Infrastructure Grant		

Grant Outcomes

Planned Outcome 1

Continuation of one stop demonstration projects (rural & urban) to work with WIA One-Stops. Major initiatives: enhance employment potential, facilitate gainful employment, enhance outreach efforts & increase collaboration. Continue local advisory committees

Strategy

Conduct assertive local outreach to school systems targeting transitioning youth, develop resource guide, schedule information and education sessions, hold meetings with local entities and improve linkage between SSA and the department.

Accomplishments

Quarter1: Urban and Rural Projects ended March 31, 2005. Currently evaluating the value of the demonstration approach.

Quarter2: Demonstration project reports given at regular quarterly Advisory Committee on Employment meeting held April 14, 2005.

Quarter3: Project has ended.

Quarter4: Project has ended

Planned Outcome 2

Continuation of the Advisory Committee on Employment (ACE)

Strategy

Hold Quarterly meetings to gain consumer, business, agency and advocate input for the MIG grant and Buy-In activities.

Accomplishments

Quarter1: Meeting conducted to review Buy-in, educate members on federal and state initiatives; subcommittee to administer mini-grants. First quarterly meeting held January 13, 2005

Quarter2: Regular quarterly meeting held April 14, 2005. Reviewed the Medicaid Buy-In (MAWD) statistics and improvements, educated committee members on initiatives, viewed the MAWD videos, and reported on the progress of the mini-grants.

Quarter3: Regular quarterly meeting held July 14, 2005. Reviewed the Medicaid Buy-in (MAWD) statistics and improvements, educated committee members on initiatives, reported on the progress of the mini-grants, and discussed plans for the next six months of the grant.

Quarter4: Held regular quarterly meetings on 10/11/05 and 12/20/05. Reports on the Medicare Modernization Act, MAWD statistics, and outreach were discussed Plans for the future of the ACE were also discussed, as well as an open forum for new ideas for the committee with the new grant.

Planned Outcome 3

Education and Outreach: identify all potential materials, develop comprehensive presentation materials, assemble a comprehensive educational resource component & distribute materials across a broad range of outlets.

Strategy

Collect resource materials, develop new informational material such as videos and resource guides. Identify additional outlets for distribution and accomplish targeted outreach.

Accomplishments

Quarter1: Rural resource guide completed. Videos developed. Targeted outreach activities are on-going. Currently working on video distribution lists.

Quarter2: Distributed MAWD Videos, Brochures, and Educational Kits. Targeted outreach efforts are ongoing.

Quarter3: Continue to distribute MAWD Videos, Brochures, and Educational Kits, and continue with targeted outreach efforts. County Assistance Offices continue to include MAWD in their regular outreach efforts.

Quarter4: Revised MAWD brochure and educational kit to include Medicare Part D info with the supplemental grant. Distributed revised materials to enrollees, field offices, and community partners. Also developed video for dual eligibles.

Planned Outcome 4

Improve enrollments in PA's Medical Assistance for Workers with Disabilities (MAWD)

Strategy

Use the data from the report to implement improvements or changes that will increase participation.

Accomplishments

Quarter1: Evaluation Report issued in January 2005. Currently reviewing recommendations to strengthen program.

Quarter2: Data presented at ACE meeting April 14, 2005. Formed committee to act on the recommendations from the MAWD evaluation. The committee held meetings on April 18, 2005 and May 20, 2005, and has developed a list of short-term goals and long-term goals.

Quarter3: Data presented at the ACE meeting on July 14, 2005, and at regular MAWD workgroup meeting on September 23, 2005.

Quarter4: Presented at ACE meetings in 10/05 and 12/05, continued regular monthly/quarterly reports. Enrollment as of 12/31/05 was 6781; and 2416 individuals enrolled in MAWD in 2005. That total is the highest ever for a year. The average of 201 enrollments/month was also the highest ever for a year.

Planned Outcome 5

Administer Grant activities.

Strategy

Attend conferences and teleconferences, perform outreach, process invoices, file reports Reprint and stock informational and educational material in departmental warehouse.

Accomplishments

Quarter1: 16,500 reprints of Buy-in materials have been ordered. Three representatives attended MIG conference in March.

Quarter2: 10,000 MAWD Videos recorded on disc. 2 representatives attended MIG conference in May 2005.

Quarter3: Still undergoing transition in grant administration. Started revision process for materials (see previous outcome). Outlined plans for remainder of grant and close-out period.

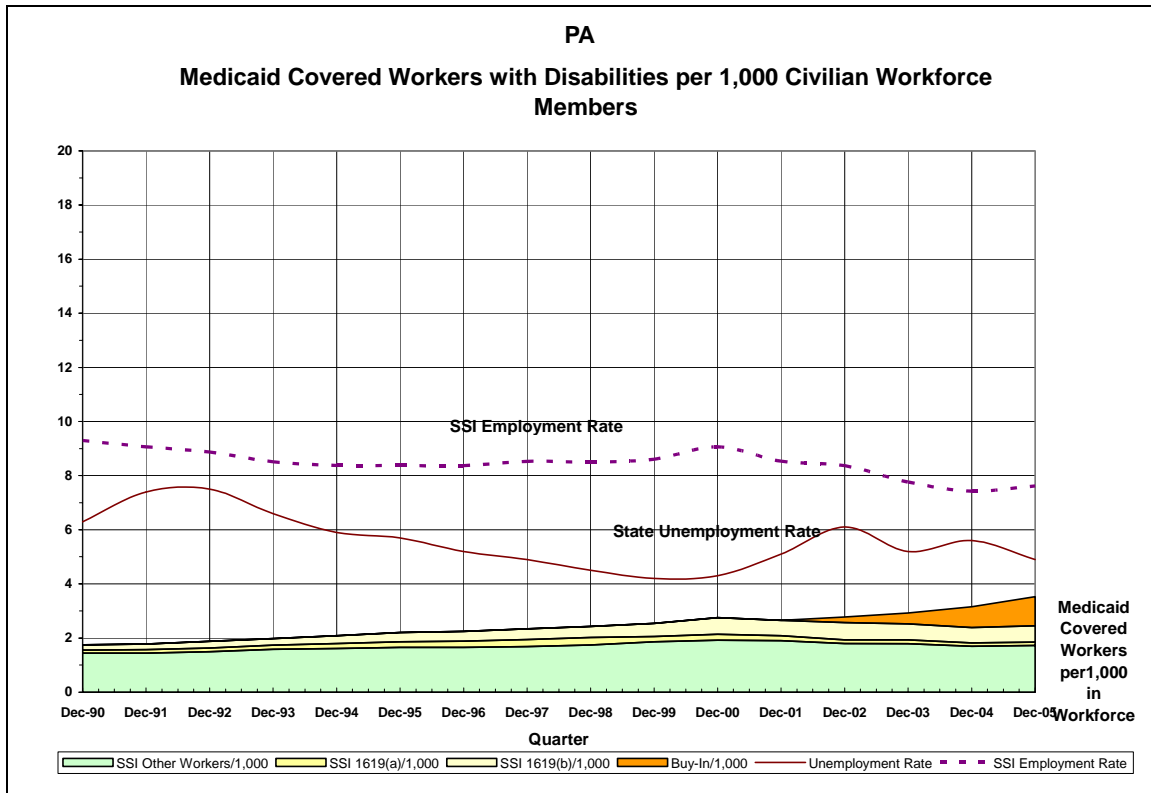
Quarter4: Revised and distributed materials (see outcome #1), completed close-out of grant.

Personal Assistance Services

No State Plan and 6 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medical Assistance for Workers with Disabilities (MAWD)
Implementation Date	January 01, 2002	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	10,000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	5% of a person's monthly countable income. (Countable income determined by using SSI methodology)	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	www.dpw.state.pa.us	Work Requirement	Be employed and receiving compensation
Enrollees at Beginning of Year	6,781	Enrollees at End of Quarter	4,365



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Rhode Island

Agency	Project Director	Project Officer
University of Rhode Island	Elaina Goldstein 401-462-6264 elaina@uri.edu	Adrienne M. Delozier 410-786-0278 adrienne.delozier@cms.hhs.gov
Website:	www.rhodesindependence.org	Type of Grant: Basic
Program Description		
The Rhodes to Independence has a mission to support the competitive employment of people with disabilities through building comprehensive approaches to identifying and removing barriers to employment. In addition, Rhodes to Independence is committed to helping employers who would like to hire people with disabilities. The project's goal is to increase the number of people with disabilities in competitive employment. Rhodes stakeholders are a dedicated group of state agencies, advocacy groups, public and private employers, and Rhode Islanders with disabilities.		

Grant Outcomes

Planned Outcome 1

The Rhode Island Work Investment Board, the One-Stops, Chambers of Commerce and other workforce development and business-related entities are collaborating to increase positive employment outcomes for people with disabilities

Strategy

Building upon previous years' accomplishments, Rhodes to Independence will continue to enhance and expand substantive partnerships and collaboration between employers, public and private workforce entities, state agencies and consumers. To attain this outcome, activities will facilitate collaboration, coordination and enhance the effectiveness of existing programs.

Accomplishments

Quarter1: There have been 3 Housing Workgroup meetings this quarter; planning is underway to implement the 2 focus groups.

Quarter2: Two focus groups were conducted in May. There were 15 participants in the first focus group (consumers representing different housing situations and disabilities) and 12 participants in the second (housing agencies and organizations). Results are being transcribed.

Quarter3: The Housing Workgroup met once during the quarter. An operational audit of temporary shelters strategy and related logic model (in relation to connecting this activity to the project's outcomes) are under development.

Quarter4: RTI staff assisted with 2 meetings of the RI BLN; planning is underway for an EEOC April 06 event. Leadership was provided by the Steering Committee regarding providing a forum for and ensuring private sector employer input into the proposed Medicaid Buy-In regulations.

Planned Outcome 2

RTI stakeholders & the general public have sufficient information concerning work incentives, resources & supports around individuals with disabilities, & the information has an impact on attitudes of consumers, public agencies, and employers regarding the employability of people with disabilities.

Strategy

To achieve this outcome, these activities will enhance communication to the general public (including employers, providers, advocacy groups, consumers and families) of RTI's initiatives/programs through dissemination of broad, factual and consistent information concerning available employment-related supports, programs and benefits.

Accomplishments

Quarter1: Research on Best Practices and Innovative Transportation Programs for People with Disabilities and the formation of a Rhodes' Transportation Workgroup (formally had been housed with RIPTA) were initiated.

Quarter2: Three Transportation Workgroup meetings have taken place. There have been presentations providing an overview of existing transportation options for people with disabilities as well as identification of gaps.

Quarter3: Two Transportation Workgroup meetings took place; presentations on tracking direct and indirect transportation costs and programs were made by the ARC Trudeau Center and the RI ORS (voc. rehab. agency) as well as an overview of the Independent Transportation Network of America.

Quarter4: RTI in partnership with netWORKri sponsored a Job Fair. 500 job seekers, many with disabilities, attended; 25 employers participated. Powerpoint presentations for the Speakers Bureau were developed. A survey was developed for consumer input on DHS' proposed Buy-In regulations & State Plan Amendment.

Planned Outcome 3

Rhode Island has developed a body of research that identifies resource gaps and provides a basis for future strategies to bridge gaps and identify the various health care needs and barriers for people with disabilities.

Strategy

Qualitative research of relevant Rhode Island populations will be critical in identifying and assessing consumer satisfaction / concerns with ability to obtain health care, in particular affordability and access. Results will help determine the problems and gaps in the continuum of health care delivery as well as other related barriers to employment. These research projects have been designed to achieve Outcome 4.

Accomplishments

Quarter1: Rhodes to Independence Staff and Steering Committee facilitated 3 BLN Steering Committee meetings this quarter.

Quarter2: There were 3 meetings of the BLN Steering Committee with RTI facilitation. Members are planning a November meeting with an EEOC mediator that will be open to employers. RTI is a partner in the DHS Real Choices Community Living Conference in September.

Quarter3: 3 BLN Steering Committee meetings and 1 BLN employer breakfast attended by over 50 employers took place. The RTI Chair and Project Director met with the Department of Human Services & Department of Elderly Affairs concerning the planning session to take place in January or February 2006.

Quarter4: A Shelter Access Survey was developed to determine the accessibility of emergency shelters in the state and explore how shelters are meeting the needs of people with disabilities. The Housing Workgroup met once during the quarter. A housing bond initiative is under development.

Planned Outcome 4

Medicaid management has effective data collection elements for the Buy-In through modification of the MMIS eligibility system that inform policy makers of the cost effectiveness of the Buy-In (and can result in future incremental expansion of the program).

Strategy

In order to achieve this outcome in a timely fashion, Rhodes to Independence will facilitate meetings of the appropriate agency and systems' representatives to support the implementation of appropriate modifications to RI's tracking, reporting and evaluating systems.

Accomplishments

Quarter1: The RTI Speakers Bureau is being developed; planning for the Job Fair is underway; weekly collaboration with the Governor's Commission on Disabilities started in January.

Quarter2: The Speakers Bureau presentation for provider audiences is being developed. Job Fair planning is underway in collaboration with the RI One-Stops; it is scheduled for November 3, 2005.

Quarter3: A RTI PowerPoint presentation for the Speakers Bureau is being finalized; promotion and final planning meetings are underway for the November 3 Job Fair, co-sponsored with the RI One-Stops (netWORKri).

Quarter4: A consultant has been hired to design the appropriate modifications to RI's tracking, reporting and evaluating systems including all required data elements for CMS reports.

Planned Outcome 5

Transportation options and services that support people with disabilities who are employed, as well as those who would like to work, have been enhanced.

Strategy

Activities leading to this outcome will identify, develop and help implement legislative, outreach and programmatic strategies to bridge gaps and barriers regarding transportation to places of employment in Rhode Island.

Accomplishments

Quarter1: A Diversity Workgroup with membership representing multiple racial and ethnic populations has been formed and met once this quarter; research on successful practices and programs promoting cultural competence has begun.

Quarter2: There have been three Diversity Workgroup meetings. Presentations were made concerning demographics and employment gaps and barriers for people with disabilities in the Hispanic, Asian and Native American communities in Rhode Island.

Quarter3: 2 Diversity Workgroup meetings took place with presentations on health care and employment challenges in the RI African American community and the Genesis Center (provides services for immigrants and refugees including support for learning disabilities, at-risk youth and job training).

Quarter4: One Transportation Workgroup took place over the quarter. Research on the innovative programs report was completed (the report is scheduled to be written in 2006).

Planned Outcome 6

Transportation options and services that support people with disabilities who are employed, as well as those who would like to work, have been enhanced.

Strategy

Activities leading to this outcome will identify, develop and help implement legislative, outreach and programmatic strategies to bridge gaps and barriers regarding transportation to places of employment in Rhode Island.

Accomplishments

Quarter1: A Resource Directory subcommittee of the Data and Evaluation Workgroup was formed.

Quarter2: Data reporting needs have been identified. RTI is a partner with DHS in developing a web-based resource directory to ensure comprehensive information for people with disabilities. RTI will bring together consumers, advocates, et al. to identify services / resources that should be on the website.

Quarter3: One Data and Evaluation Workgroup took place. The focus of this meeting was required MBI data collection and reporting elements.

Quarter4: One Diversity Workgroup meeting took place and a final meeting is scheduled for 2006. A summary of presentations that identified gaps and barriers in a variety of traditionally underserved communities is being written and will be reviewed by the Workgroup in 2006.

Planned Outcome 7

The housing system in Rhode Island is coordinated with long-term care support, and consumers receive support in navigation of the housing system, increasing the number of people with disabilities residing in the community or the housing arrangement of their choice.

Strategy

Activities to achieve Outcome 6 will increase knowledge and awareness of available, affordable accessible housing in Rhode Island as well as provide support for independent living for people with mental health disabilities.

Accomplishments

Quarter1: Data base research is ongoing.

Quarter2: Analysis is ongoing.

Quarter3: A College of Pharmacy faculty member continued analysis of the linked data base.

Quarter4: A College of Pharmacy professor continued this analysis during the quarter.

Planned Outcome 8

CMS eliminated this outcome as it was duplicative of the logic model process.

Strategy

CMS eliminated this outcome as it was duplicative of the logic model process.

Accomplishments

Quarter1: Collaboration with NEP concerning employment outcomes measurement was initiated.

Quarter2: A consultant has been hired to help coordinate this effort.

Quarter3: This outcome was eliminated by CMS as it was duplicative of the strategic planning process embodied by the creation of the logic model for the 2006 Continuation Grant.

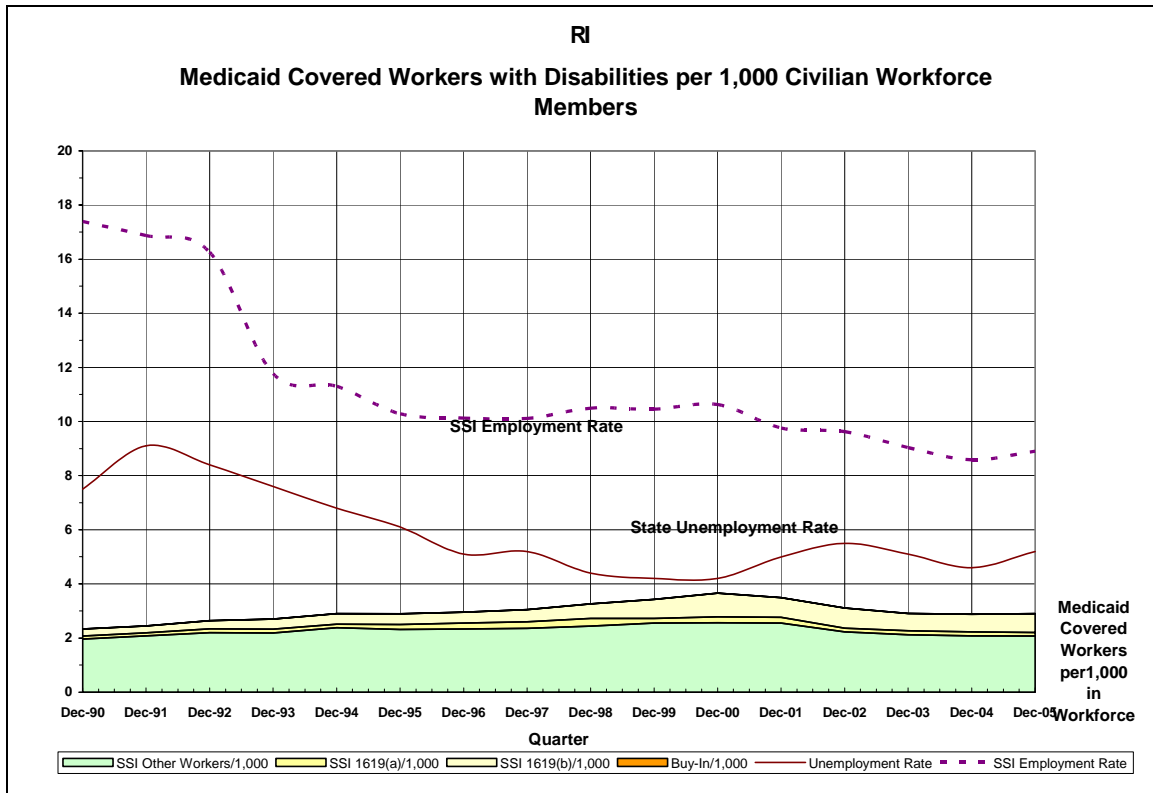
Quarter4: N/A

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In

Actively pursuing a buy-in



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

South Carolina

Agency	Project Director	Project Officer
SC Department of Health and Human Services	Sam Waldrep 803-898-2590 Waldrep@dhhs.state.sc.us	Adrienne M. Delozier 410-786-0278 Adrienne.Delozier@cms.hhs.gov
Website:	NA	Type of Grant: Continuation
Program Description		
SC's MIG focuses on the goal of a coordinated system of employment supports for people with disabilities. SC's efforts will focus on Medicaid Buy-in opportunities, making significant improvements to Medicaid services, and providing coordinated approaches across programs to remove barriers to employment.		

Grant Outcomes

Planned Outcome 1

Improved eligibility for Medicaid for the working disabled.

Strategy

1. Provide greater coordination by centralizing eligibility processing. 2. Work with DHHS eligibility staff to revise eligibility forms, etc. and provide sensitivity training. 3. Hold collaborating meetings to exchange information and improve efficiency and effectiveness. 4. Prepare economic implications of revising income and resources limitations for the SC Medicaid for the Working Disabled program and present findings to appropriate entities.

Accomplishments

Quarter1: SWS has completed interviews and focus groups. Part I: Eligibility Determination for Medicaid has been completed and presented to the MIG Advisory Committee. SWS is now in the process of interviewing employers in the state.

Quarter2: SWS has completed Parts I-III of the study. Part I focuses on barriers to the eligibility determination for Medicaid. Parts II and III focus on barriers to working and factors accounting for work success among persons with disabilities in South Carolina.

Quarter3: Reports I-IV have been completed. Meetings will be held on Oct. 19 and Nov. 2 to share findings with disability organizations and state agencies. The findings of the survey of employers will be completed by the end of Oct.

Quarter4: Reports I-V were completed by SWS. Meetings were held with consumers and state agency representatives to review findings in November.

Planned Outcome 2

Development of a comprehensive response to barriers that mitigate against persons with disabilities working.

Strategy

1. Convene a panel of business/financial leaders, policy makers, etc. to examine health care coverage and public and private methods for self-employment and to enhance training, education, and skill development and to meet transportation needs.

Accomplishments

Quarter1: Records of those individuals currently eligible and those terminated from the Medicaid for the Working Disabled during 2004 were obtained and forwarded to USC to conduct the economic impact study.

Quarter2: USC Assistant Professor Of Economics has completed first draft of the economic impact study. Results will be shared with the MIG Advisory Committee on October 5, 2005.

Quarter3: The draft economic impact study was completed and presented to the MIG Advisory Committee on October 5, 2005. Additional information will be researched and added to the report before it is finalized and presented to the MIG Advisory Committee at its next scheduled meeting.

Quarter4: Economic Impact Study was presented to MIG Advisory Committee on October 5, 2005. Letter was sent in December to DHHS State Director requesting changes to the state's eligibility criteria for Medicaid for the Working Disabled.

Planned Outcome 3

Improve accessibility to personal assistance services for consumers who are employed or seeking employment

Strategy

1. Revise home and community based waivers to allow personal assistance services in and out of home as well as work site. 2. Ensure waiver assessment tools accurately assess personal assistance needs of consumers wanting to work. 3. Continue to promote the voluntary Personal Care Worker registry on SC Access. 4. Evaluate the use of the Personal Care Worker registry in helping people with disabilities find personal care workers.

Accomplishments

Quarter1: Worker Information form, Employment Learn About and other web site information has been drafted and given to SC Access staff for inclusion on the Sc Access website.

Quarter2: SC Access Agency Information Form was distributed at CLTC provider meetings. Web accessible Individual Provider form will be available in September. Employment Learn About and other website information have been developed and will be included on the SC Access website by August.

Quarter3: SC Access Agency Information form was developed and distributed to provider agencies. Thirty-six agencies have responded. Information and forms were mailed to individual providers on August 8th. Nearly 60 providers have responded thus far.

Quarter4: Voluntary registry of personal care workers has been posted on SC Access. Registration form is available on-line.

Planned Outcome 4

Improved resources to support infrastructure changes for persons with disabilities who want to work.

Strategy

1. Update all public awareness materials and distribute to appropriate entities. 2. Continue to promote work incentives through resource fairs, support group meetings, disability conferences and meetings, newsletters, etc. 3. Continue supported employment efforts with state agencies. 4. Evaluate the effectiveness of the WorkWORLD software and its possible use in South Carolina

Accomplishments

Quarter1: MIG Director attends all ADRC management meetings. Grant Advisory committee and subcommittees are all in place. Implementation of SC Choice statewide will be completed by 12/31/05.

Quarter2: MIG Director continues to attend all ADRC management meetings. MIG Advisory Committee meets quarterly. SC Choice continues to be implemented in an additional area office per month.

Quarter3: Program Manager continues to attend monthly SC Access Plus Management Team meetings. The on-line Medicaid application form has been developed and is being tested. SC Choice will be statewide by December 2005.

Quarter4: SC Choice is now a statewide option. Grant manager attended ADIC monthly meetings. Medicaid eform is now available on SC Access. MIG Advisory Committee met four times in 2005.

Planned Outcome 5

Improve employment issues related to consumers.

Strategy

1. Investigate how current employment related waiver services assist or deter employment. 2. Survey other states' employment-related waiver services. 3. Determine what transportation barriers exist for employment. 4. Review best practices in employing special disability populations.

Accomplishments

Quarter1: SC waivers have been reviewed. Requests have been made to APHSA for information regarding other states' employment-related waiver services.

Quarter2: DDSN's request to amend the MR/RD waiver to add adult attendant services was approved by the MCAC in May 2005 and forwarded to the CMS regional office for approval.

Quarter3: SWS and USC School of Business, Dept. of Economics reviewed other state's programs as they prepared their reports.

Quarter4: APHSA has continued to provide information regarding other state's programs. SWS and USC School of Business reviewed other state's programs as they prepared their reports.

Planned Outcome 6

Improved coordination regarding the implementation of Medicare Part D for Medicaid/Medicare recipients with disabilities.

Strategy

1. Continue to monitor the impact of implementation of Medicare Part D on people with disabilities. 2. Serve as a resource person to case managers and service coordinators assisting persons with disabilities served through home and community based waivers. 3. Assist with development of correspondence and materials regarding Medicare Part D to Medicaid recipients.

Accomplishments

Quarter1: Family caregiver policy change was sent to 18 disability organizations in the state to distribute to their constituents. Legislation (H3646) has been filed to change the Nurse Practice Act.

Quarter2: H3646, which supported the necessary changes to the Nurse Practice Act, passed. Changes to the family caregiver policy continue to be distributed through the disability organizations.

Quarter3: Changes to the Nurse Practice Act (H3646) passed in June. This change, as well as the family caregiver policy change have been sent to the disability organizations and providers.

Quarter4: Family caregiver policy was amended, as well as Nurse Practice Act. Stakeholders were informed of changes.

Planned Outcome 7

Research barriers to employment and present findings to the MIG Advisory Committee and other appropriate decision makers.

Strategy

1. Determine methods to overcome reluctance among persons with disabilities and their families for employment. 2. Determine methods to encourage employers for use of persons with disabilities in their employment practices. 3. Determine economic impact of persons with disabilities on the state's economy. 4. Develop self-advocacy training curriculum for persons with disabilities who recently became employed or attempting to be employed.

Accomplishments

Quarter1: The schedule, agenda and training materials have been completed for the intensive workshops. The contracts with the six disability organizations assisting with the trainings were awarded. The first training will be conducted on April 22, 2005.

Quarter2: Consumer trainings were held on April 22, June 3, and June 10. Approximately 90 consumers, family members, and service coordinators participated. Public awareness materials are being distributed through newsletters, support group meetings, mailings, resource fairs, etc.

Quarter3: Five intensive consumer trainings regarding employment, work incentives, and the Medicare Prescription Drug program were facilitated by five disability organizations and held on July 22, August 12, Sept. 9, Sept. 16, and Sept. 23.

Quarter4: Four workshops were conducted regarding employment, work incentives, and the Medicare Prescription Drug Program. All 12 workshops were completed for 2005. Information was sent regarding adult disabled children receiving SSI that may be eligible for SSDI, but they have not contacted SSA.

Planned Outcome 8

Increase participation of SSI recipients in the SSI Work Incentives

Strategy

1. Conduct 4 field staff training sessions for case managers, eligibility workers, service coordinators, job coaches, school transition coordinators, etc. 2. Provide information in Medicaid waiver packets to consumer about 1619 (b) and the state's buy-in program.

Accomplishments

Quarter1: Trainings for DDSN service coordinators regarding Work World has been arranged with the UVC for June 8 & 9, 2005. Training for special education transition coordinators will be conducted on April 21, 2005. Trainings for eligibility workers has not yet been scheduled.

Quarter2: Training of special education transition coordinators was held on April 22. DDSN service coordinators were provided WorkWORLD training on June 8-9 through VCU. Training of eligibility workers has been discussed with DHHS Training Director. Medicaid waiver packet information has been distributed.

Quarter3: Trainings have been provided to service coordinators, job coaches, school transition coordinators. Information has been provided to DDSN to include in the Medicaid waiver packets about 1619(b) and the state's buy-in program.

Quarter4: Trainings were provided to school transition coordinators, DDSN service coordinators, job coaches, and CLTC case managers. DDSN was provided information to include in the Medicaid waiver packets about 1619(b) and the state's buy-in program.

Planned Outcome 9

Obtain full MIG Eligibility Designation from CMS

Strategy

To make necessary waiver revisions regarding personal assistance services and consider revising SC's current Medicaid for the Working Disabled Eligibility category as outlined in the previous goals.

Accomplishments

Quarter1: Program Director met with staff from DHHS and DDSN to review needed waiver changes. USC consultant has begun work on economic impact study. SWS has completed Part I of its study regarding eligibility determinations.

Quarter2: Request has been made to add adult attendant services to the MR/RD waiver. Results of the Economic Impact Study and the study completed by SWS will be shared with DHHS and other appropriate entities to support consideration of revising SC's Medicaid Buy-in program.

Quarter3: DDSN requested to amend the MR/RD waiver to add adult attendant care for those that can self-direct their own care. MCAC approved the request on May 24th.

Quarter4: Letter requesting revisions to Medicaid for the Working Disabled was sent to DHHS in December. Elderly/Disabled waiver will be rolled into SC Choice in 2006. DDSN has amended the MR/RD waiver to add adult attendant care for those who can self-direct.

Planned Outcome 10

Medicaid Buy-In recipients, eligibility workers, CLTC case managers, and DDSN service coordinators will be knowledgeable about Medicare Part D.

Strategy

Provide information and training through disability organizations' workshops, conferences, support group meetings, special mailings, and newsletters. Assist with scheduled trainings of eligibility workers, case managers, and service coordinators.

Accomplishments

Quarter1: N/A

Quarter2: Developed Powerpoint presentation. Assisted in training of eligibility workers and CLTC case managers. Provided information and training through various disability organizations. Participate in monthly MMA conference calls. Have drafted flyer to be distributed to Medicaid Buy-in recipients.

Quarter3: Have conducted ten trainings regarding Medicare Part D. Assisted DHHS staff in drafting letters to inform appropriate eligibility groups. Drafted information regarding the impact of co-pays on dual eligible waiver recipients. Planned training to be held for mental health consumers on Oct. 26.

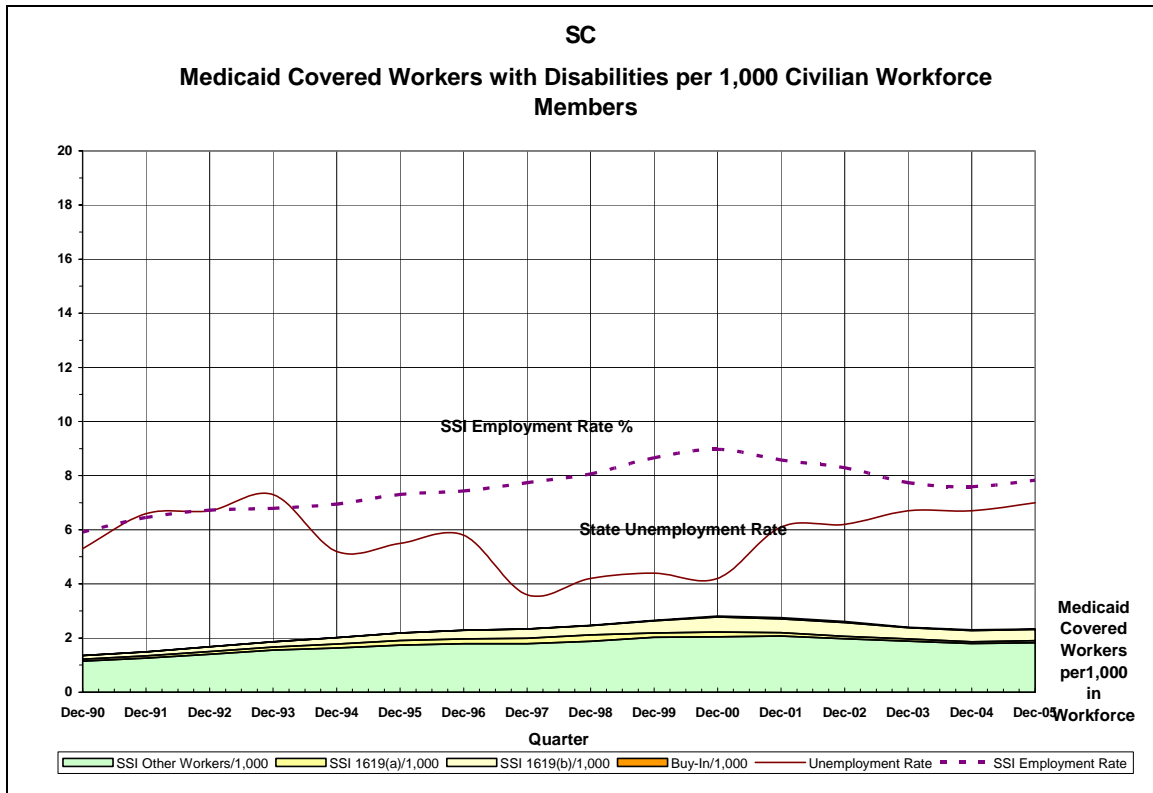
Quarter4: 23 additional trainings were provided during this quarter to consumers, case managers, service coordinators and DHHS staff. A total of 43 trainings were provided during 2005.

Personal Assistance Services

No State Plan and 6 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Coverage for the Working Disabled
Implementation Date	October 01, 1998	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	\$2,000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	No premium or cost sharing for recipients.
Method to Calculate Monthly Premiums	See above	Medicaid Eligibility Review	Monthly
Web Site for Additional Information	www.dhhs.state.sc.us/InsideDHHS	Work Requirement	Must have monthly earned income more than \$830.00
Enrollees at Beginning of Year	52	Enrollees at End of Quarter	36



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

South Dakota

Agency	Project Director	Project Officer
South Dakota Department of Human Services	Grady Kickul (605) 773-4644 grady.kickul@state.sd.us	Adrienne M. Delozier 410-786-0278 Adrienne.Delozier@cms.hhs.gov
Website:	http://sd-ccd.org/ftw/index.htm/	Type of Grant: Continuation
Program Description		
South Dakota is using the Medicaid Infrastructure Grant to develop personal assistance services, a Medicaid Buy-In, train consumers & providers on current work incentives and identify ways to collect data on persons with disabilities who become employed.		

Grant Outcomes

Planned Outcome 1

South Dakotans with disabilities will participate in the design and implementation of the FTW project through membership on the Steering Committee and other consumer input activities.

Strategy

Support on-going functions of the Steering Committee; continue to update the project website; continue to provide information to the consumer community and public; provide training on work incentives; produce and disseminate the project newsletter.

Accomplishments

Quarter1: The project Steering Committee met in February. Major agenda items were 1)Ticket to Work 2)Medicaid Reform 3)Benefit Advisors/Specialist program, Medicaid Buy-in, PAS, Consumer Outreach/Training workgroups and planning for upcoming consumer benefits training.

Quarter2: The Steering Committee met in April & June to continue implementation of the project. Major agenda items were: WorkWORLD in SD; consumer training on employment & benefits; employer training; PAS outreach & utilization; benefits advisors model implementation; future project design & implementation.

Quarter3: The Steering Committee met in September. Major agenda items were: Ticket to Work Panel Update; PAS update; consumer, employer & WorkWORLD training updates; benefits advisors report; Medicare Part D. Newsletter was distributed in September. Five benefits planning trainings in 5 communities in August.

Quarter4: A brochure for those seeking employment has been developed & printed. The most recent newsletter was sent to 1200+ persons state wide. Work was initiated on the concept for Career Development Teams to be implemented in 2006. Social Security Benefits training was provided to 110 persons in October.

Planned Outcome 2

Enhance the availability and effectiveness of employment supports for working South Dakotans with disabilities by implementing an MBI by July 1, 2007.

Strategy

Staff and consultant will provide technical assistance to policymakers in areas of MBI models, cost-share structures, enrollment & cost projections, cost estimates for administration, resource disregards, eligibility determination, grace periods and other pertinent information.

Accomplishments

Quarter1: Raw data has been collected & supplied to the consultant who is in the process of analyzing & summarizing enrollment projections & other findings. Subsequent objectives are contingent on receipt of the data analysis.

Quarter2: Preliminary data analysis on MBI enrollment and cost projections has been received from consultant. Data will be summarized into briefing paper and presented to policymakers per FTW workplan.

Quarter3: Data on MBI design elements, enrollment & cost projections was gathered from consultants & summarized into a briefing paper for policymakers & FTW Steering Committee.

Quarter4: Additional MBI information on cost projections & administrative costs received from consultant, & possible future TA needs were discussed. Preliminary efforts to conduct long range strategic planning on MBI & related issues was initiated.

Planned Outcome 3

SD employers and the Workforce Development Council will gain greater knowledge through training on the employment of individuals with disabilities and work incentives.

Strategy

Recruit consumers/ employers for training activities; develop & provide TA on a presentation guide; schedule presentations with service/employer groups; contract with nationally-recognized experts to train/provide information to the employers.

Accomplishments

Quarter1: Employer training workgroup is organized & will meet in May to develop strategies on incorporating a speaker's bureau, employer training activities & to identify collaborative efforts. A contract has been developed with a nationally-recognized expert to provide training to employers in October.

Quarter2: Agreement is in place with national presenter, Frank Pastizzo who will present on disability awareness in 2 communities in October 2005. FTW staff collaborated with human resources organizations & local Mayor's committee to market and host training events.

Quarter3: Agreement is in place with national presenter, Frank Pastizzo who will present on disability awareness in two communities in October 2005. FTW staff continue to collaborate with human resources organizations & local Mayor's committee to market & host the events.

Quarter4: Staff collaborated with HR organizations in 2 communities & local Mayor's committee to market & host disability awareness training. Frank Pastizzo, a nationally known presenter provided training to 154 HR managers, employers, persons w/ disabilities & providers.

Planned Outcome 4

South Dakotans with disabilities, service providers and state agency staff will gain greater knowledge of work incentives, benefits planning and related services through training on the WorkWORLD software.

Strategy

Identify participants and training sites to expose all appropriate parties to the newly customized SD Benefits Information System; provide hands-on training using a train-the-trainer model; maintain technical assistance relationship with VCU to maintain and update system.

Accomplishments

Quarter1: Staff met with 3 agencies, including VR Board and the career centers to solicit input for training plan & to provide an intro. to Workworld software. VR staff and Career Center Managers have agreed to collaborate with the training activities.

Quarter2: Established agreement with VCU staff to present 3 training events in 3 communities on WorkWORLD software & SD Benefits Information System. Marketing material to advertise the training has been developed & distributed throughout the state.

Quarter3: FTW staff collaborated with VCU staff to present four train-the-trainer events in 4 communities on WorkWORLD, SD Benefits Information Systems. Over 60 people were trained on how to navigate and utilize the software.

Quarter4: Updated information provided to WorkWORLD software users; staff provided demo on software to SD Housing & Fall conference; presented WorkWORLD info. at 8 regional Transition Forums; all planned training completed.

Planned Outcome 5

Enhance the availability and effectiveness of employment supports for South Dakotans with disabilities by gaining greater knowledge of the current array of services and of the barriers that exist in keeping consumers from using these services.

Strategy

Initiate a series of meetings between providers, consumers and staff to determine quantity needed, how to recruit more PA's and where they should be located in the state; identify service components under the Medicaid State Plan that will more strongly support consumers in the workplace; detail all findings in a report to state policymakers.

Accomplishments

Quarter1: Currently project staff is organizing a team of professionals who will recruit potential consumers to use PAS in the workplace.

Quarter2: The planning team met in June to outline the process by which a team operates. This process will be reviewed by the FTW Steering Committee in September. FTW staff is in the process of informing potential consumers about the team model concept in order to recruit them into the process.

Quarter3: SD currently has a consumer using PAS at least 40 hours/month in a competitive employment setting. The Career Development Team design team met in August with a training consultant about the concept & how to implement it. Presented it to the Steering Committee in September with favorable approval.

Quarter4: One consumer continues to use work-related PAS; career development team concept has been further developed and will be implemented in 2006.

Planned Outcome 6

South Dakotans with disabilities, service providers, state agency staff and project staff will gain greater knowledge about the available project training opportunities through the development of a comprehensive training plan.

Strategy

Identify project staff, groups and individuals to collaborate with training efforts, develop curriculum and training materials for each project area; develop time lines and locations for each training activity.

Accomplishments

Quarter1: Comprehensive training plan is in development. Employer workgroup is organized & will meet in May. An intro. to Workworld was provided to the VR Board and DOL managers & both have agreed to collaborate in the comprehensive training.

Quarter2: In process of developing a training plan that outlines who will train and be trained, the curriculum and training materials to be used, and the time lines and locations of training activities; in process of recruiting consumers/employers for training activities.

Quarter3: FTW staff developed a comprehensive training plan outlining trainers & trainees, the curriculum & training materials to be used, & the timelines & locations of training activities. Staff will update the plan as training activities are developed through the FTW Steering Committee.

Quarter4: Staff developed a comprehensive training plan outlining trainers & trainees, the curriculum & training materials to be used. Plan has been updated & training completed through December 2005.

Planned Outcome 7

South Dakotans and FTW staff will gain a better understanding of how the FTW project has impacted the employment of South Dakotans with disabilities by designing a method to track grant outcomes.

Strategy

Investigate options for establishing baseline data for comparisons in future tasks; develop with DRS the method for obtaining data from the VR database; develop survey for training participants to complete regarding employment status & a mechanism with other states to assess valid data collection.

Accomplishments

Quarter1: This goal was added at the end of the 1st quarter, thus work-related activities are beginning at the start of the 2nd quarter.

Quarter2: The initial design for obtaining data from the VR database has been drafted and approved for testing by mid-August 2005.

Quarter3: The testing for the design of the VR database was accomplished in August; will begin collecting data October 1, 2005.

Quarter4: The first report from the data base was compiled on 11/15/05.

Planned Outcome 8

FTW staff and Steering Committee members will gain knowledge about PAS, MBI & other pertinent MIG issues by contracting with the Center for Workers with Disabilities.

Strategy

Contract with Center for Workers with Disabilities to receive TA & provide TA to other member states through conference calls, sharing materials and by attending conferences.

Accomplishments

Quarter1: Attended grant conference in Baltimore in February, participated in phone conferences with states, conferred with Rhode Island on workplan development, requested buy-in information from CWD staff to further develop strategies.

Quarter2: Requested and received TA on MBI legislation; participated in phone conferences and conferred with other states re: MBI and PAS; attended conference to receive information on grant outcome development.

Quarter3: Requested & received TA on MBI design elements, enrollment & cost projections, participated in phone conferences & conferred with other states re: MBI & PAS development and future MIG activities.

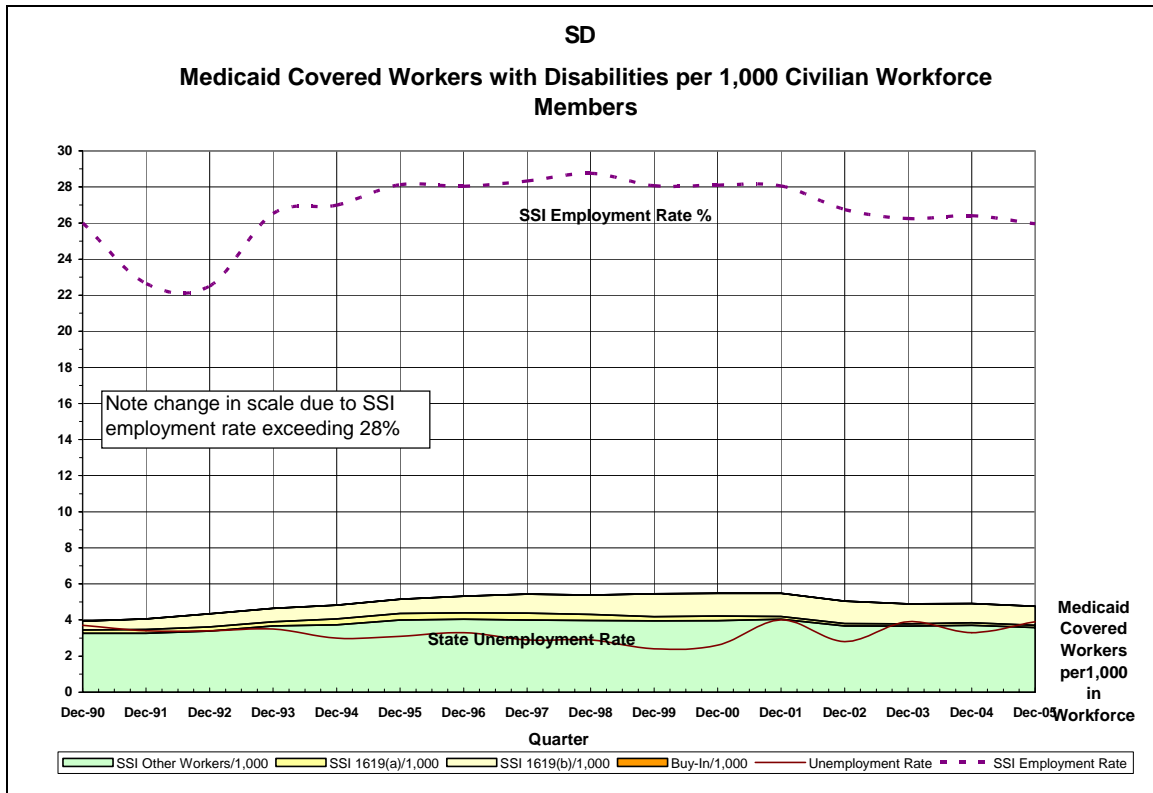
Quarter4: Logic model/long-term strategic planning TA has begun with Center; participated in conference phone calls with Center and other states to receive information.

Personal Assistance Services

PAS by State Plan and 3 Waivers

Medicaid Buy-In

Actively pursuing a buy-in



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Utah

Agency	Project Director	Project Officer
Utah Department of Health	Carol Ruddell (801) 887-9388 cruddell@utah.gov	Carrie Smith 410-786-4485 Carrie.Smith@cms.hhs.gov
Website:	www.workabilityutah.org	Type of Grant: Comprehensive
Program Description		
The Work Ability project will create a strategic plan that will guide the future development of a comprehensive system of employment supports for people with disabilities in Utah. Project objectives are: to sustain benefits planning, personal assistance and health care benefits for people with disabilities who work; collaborate with employers in Utah to hire more individuals with disabilities; and assist youth and young adults with disabilities in transition from school to work. State agencies will improve data sharing to track effectiveness of publicly funded employment supports and outcomes.		

Grant Outcomes

Planned Outcome 1

Increase the number and percentage of Medicaid recipients with disabilities who have earnings from employment by expanding Utah's Medicaid Work Incentive (MWI) program.

Strategy

Conduct outreach to individuals with disabilities, family members and service providers about MWI.

Accomplishments

Quarter1: Enrollment in MWI was 283 at end of quarter, an increase of 23 more individuals this quarter.

Quarter2: Work Ability has produced a DVD containing presentations directed to individuals with disabilities and service providers about Medicaid and Social Security work incentives for people with disabilities.

Quarter3: Staff conducted presentations at statewide brain injury conference and deaf educators conference. Total number of MWI enrollees at the end of September 2005 is 297.

Quarter4: Enrollment in MWI was 351 in the quarter ending December 2005. Percentage of working Medicaid Disability recipients increased by 30% over the past year.

Planned Outcome 2

Increase the number and percentage of people with disabilities on Medicaid who receive personal assistance services and who go to work and/or maintain employment.

Strategy

Develop statewide service network for Medicaid Employment Personal Assistance Services (EPAS) program.

Accomplishments

Quarter1: 41 individuals with significant disabilities receive EPAS and are employed in integrated, competitive employment - an increase of 6 from last quarter.

Quarter2: The EPAS Specialist is completing a Medicaid provider manual for EPAS. She is also conducting outreach presentations to inform individuals with disabilities about the program. 50 individuals are employed in competitive integrated employment and receiving EPAS services.

Quarter3: EPAS specialist is pilot testing a workplace supports assessment tool. 68 individuals are employed in competitive integrated employment this quarter; 16 new participants were enrolled this quarter.

Quarter4: EPAS specialist is developing a procedure manual. There are currently 47 active participants who are employed in competitive, integrated employment. An additional 11 applicants are in process.

Planned Outcome 3

Enable 800 more individuals with disabilities to find and retain competitive employment over the next four years.

Strategy

Develop a strategic plan that details objectives and actions plans that are achievable in the four year comprehensive MIG project.

Accomplishments

Quarter1: in progress

Quarter2: The Work Ability Executive Board has met 3 times during this quarter to set the direction for the strategic planning activities that will take place later this year. Our project management team is teaching ourselves about Logic Models using the United Way materials and from other sources.

Quarter3: Work Ability staff have been finalizing a strategic plan for the next 3 years of the Comprehensive Infrastructure Grant. Needs assessments have been conducted; logic models have been developed.

Quarter4: The draft Strategic Plan has been approved by the Executive Board and is in final revision. It will be submitted to CMS by February15, 2006.

Planned Outcome 4

Increase the number of work-oriented benefits planning providers who meet Utah standards for training and performance.

Strategy

Establish standards and provide training and technical assistance to expand number of qualified benefits specialists in the state.

Accomplishments

Quarter1: BP Standards committee has developed draft standards. BP Technical Assistance specialist conducts monthly trainings for benefit planners. 48 individuals have been through initial training since July 2003.

Quarter2: Our project management team spent several meetings developing a logic model for Benefits Planning services, and plan to use the United Way Logic Model approach in other areas of employment systems change. We find the United Way Logic Model materials to be excellent.

Quarter3: Utah began implementation of Social Security Benefit Offset Pilot for SSDI beneficiaries. 2 new benefits specialist were hired by the BPAO program to provide benefits counseling services to pilot participants.

Quarter4: UT BPAO: 3.5 FTEs benefits specialists. SSDI 1' for 2': 2.0 FTEs. The State Office of Rehabilitation is seeking legislative funding for 2 additional FTEs for the Utah BPAO program. A mental health agency and the state DD/MR agency have an additional FTE within each's structure.

Planned Outcome 5

Agencies in Utah will develop methods of data sharing to track effectiveness of the major publicly-funded employment services for people with disabilities.

Strategy

convene a work group representing major state service agencies (Dept of Workforce Services, State Office of Rehabilitation, Department of Health and Dept. of Human Services) to develop methods for data sharing re: employment services and outcomes

Accomplishments

Quarter1: scheduled to begin in third quarter

Quarter2: Work group has not yet met; planned for later this year.

Quarter3: None this quarter

Quarter4: In light of the new Strategic Plan, consideration is being made of how this can occur. Work Ability will continue to promote effective communication to share data.

Planned Outcome 6

Develop an effective system among agencies serving people with disabilities that coordinates job seekers with employment opportunities in the Utah workforce.

Strategy

Create a new position in the State Office of rehabilitation (USOR) to develop a system that coordinates job seekers on the 'supply-side' with the 'demand-side' of employment opportunities.

Accomplishments

Quarter1: USOR contract completed; agency is recruiting to fill position.

Quarter2: USOR hired Leah Lobato effective July 5. She is putting together an advisory committee that will build the plan for economic engagement for people with disabilities.

Quarter3: USOR hired a Supply-Side position and has proceeded to hold focus groups to define the role of this position. Results from this study will be integrated into the logic model for this initiative.

Quarter4: The Supply Side Specialist has been hired and begun to work with USOR and local employers.

Planned Outcome 7

Increase employment opportunities for people with disabilities by supporting a Business Leadership Network (BLN) model of business partnerships.

Strategy

Support the formation of the Utah Business Employers Team (UBET) through the Chamber of Commerce.

Accomplishments

Quarter1: UBET has been endorsed by the Salt Lake Chamber; a mission, vision and values for UBET have been formulated; a formal kickoff event was held at the Chamber on May 5, 2005 with 40 businesses in attendance.

Quarter2: The UBET committee has plans to expand Disability Mentoring Day in the state. It also is investigating the use of a web-based job sourcing tool (proprietary tool owned by Manpower, Inc. that would be provided for free) that employers could use to recruit individuals with disabilities.

Quarter3: The UBET committee is reviewing electronic tools that could be used to match employers needs with job seekers with disabilities. Utah's Dept of Workforce Service also has invested heavily in improving job matching tools. These are increasingly being used by Utah employers.

Quarter4: UBET continues to expand membership, meeting monthly to develop goals and strategies to improve hiring strategies and practices for applicants with disabilities. They have initiated forums between employers and local school district personnel. UBET consistently distributes the Work Ability CD.

Planned Outcome 8

Medicaid Buy-In recipients are better informed about the Medicare Part D Prescription Drug Plan

Strategy

Conduct outreach to Medicaid Buy-In recipients about the impact of Medicare Part D.

Accomplishments

Quarter1: N/A

Quarter2: A committee has been meeting to discuss outreach strategies to Utah's Medicaid Work Incentive population.

Quarter3: Work Ability has developed a Memo of Understanding with the Health Insurance Information Program (HIIP) to target their Medicare Part D outreach activities to Medicaid Buy-in recipients. These activities will begin the first week in November through the end of December.

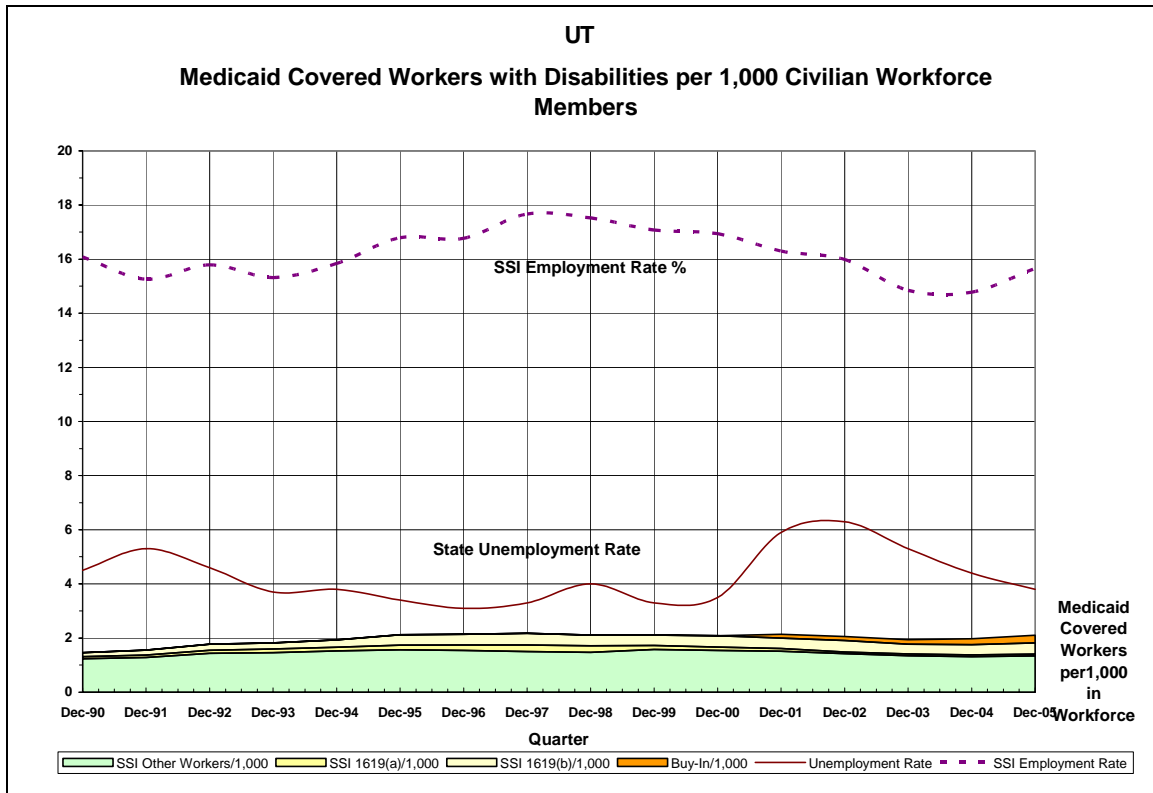
Quarter4: Utah Medicaid completed mailing to all dual-eligible recipients. Information meetings were conducted statewide to inform recipients about the transition to Medicaid prescription drug coverage to Part D coverage.

Personal Assistance Services

PAS by State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Work Incentive (MWI) program
Implementation Date	July 01, 2001	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	15000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	To calculate premium, countable income of eligible individuals is multiplied by 15%.	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	http://www.workabilityutah.org/healthcare/webpage/medicaid.htm	Work Requirement	At time of application or review, individual must show proof of work by pay stubs or, in case of self employment, a tax return or self employment business plan.
Enrollees at Beginning of Year	260	Enrollees at End of Quarter	351



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Vermont

Agency	Project Director	Project Officer
Department of Aging & Independent Living Division of Vocational Rehabilitation	Tim Tremblay 802-241-2127 tim.tremblay@dail.state.vt.us	Phil Otto 410-786-7252 Phillip.Otto@cms.hhs.gov
Website:	http://www.vwii.org	Type of Grant: Comprehensive
Program Description		
Administered by the Div. of Vocational Rehabilitation since 2001 to develop infrastructures to support the competitive employment of people with disabilities. Comprehensive Employment Opportunities grant started in 2005; a Medicaid buy-in and State Plan personal care services to support competitive employment have both been implemented in VT. Grant activities include education and outreach to consumers and employers, disability-related program evaluation, planning, and administrative support, and infrastructure development for disability-related employment support programs.		

Grant Outcomes

Planned Outcome 1

Reduce economic disincentives to employment and earnings for people with disabilities.

Strategy

Policy & Eval Unit will provide planning, program eval, IT support, data mgmt, and outcomes analyses to inform and improve the Medicaid Buy-In, benefits counseling, Ticket, and other disability-related employment-support programs; direct support for benefits counseling. Website at <http://www.vermontworks.org>

Accomplishments

Quarter1: Analyzed Buy-In earnings by subgroups & presented to New Freedom Initiative Mtg.; continued analyses of Buy-In Medicaid utilization; redesigned benefits counseling database; developing infrastructure to move outcomes databases to SQL Server, began new reporting and analyses for yth transit. services.

Quarter2: Extensive fiscal impact analyses and testimony for Medicaid Buy-In changes; extensive changes to benefits counts database to capture SSDI 1-for-2 data for Buy-In partic; contin. SQL database development.; new reports for youth transit services; new admin data acquisition and analyses for EBD youth employment services outcomes.

Quarter3: Buy-In data collect; data collect begun for SSDI \$1-for-2 Pilot partic by Buy-In enrollees; contin database revisions and data collect for youth transit services; pursued corrections outcomes for EBD youth employment services.; init data and redesign for Buy-In cost-benefit.; Ticket admin.

Quarter4: Buy-In data collect and revised eval design; data collect for SSDI \$1-for-2 Pilot partic by Buy-In enrollees; contin database revisions and data collect for youth transit services; pursued corrections outcomes for EBD youth employment serv; data support for MMA Part D outreach.

Planned Outcome 2

Increase the involvement of people with disabilities and employers in the planning, management, and evaluation of employment support programs.

Strategy

Support Governor's Committee on the Employment of People with Disabilities in strategic planning for the MIG; conduct statewide evaluation of adequacy of employment supports for people with disabilities to inform that process; conduct quarterly participatory action research meetings with consumers.

Accomplishments

Quarter1: Supported and assisted with major expansion of Governor's Committee for MIG leadership, involving significantly more people with disabilities and employers. Negotiated cooperative agreement for statewide evaluation of current supports, and planned process.

Quarter2: Provided MIG orientation to Governor's Committee; held productive feedback session with Gov Committee on employer perceptions; got Cooperative Agreement for eval ratified and further designed questionnaire with focus group.

Quarter3: Gov. Comm. fully appointed and oriented, and has met quarterly to review MIG issues among other work; statewide 12 focus groups eval of adequacy of employment supports under way; participatory action research meetings abandoned for this year with greater time commitment to consumer focus groups.

Quarter4: Gov. Comm. fully appointed and oriented, and has met quarterly to review MIG issues among other work; 12-focus-group statewide eval of adequate of employ supports completed, results reviewed by Gov. Committee; based on results, strategic planning priorities identified by Gov. Comm.

Planned Outcome 3

Increase the workforce readiness of people with disabilities, in both hard and soft employment skills.

Strategy

Support mental health recovery & self-management education; support implementation of VT CHOICES curriculum for employment planning and management. (To be done in conjunction with peer projects.)

Accomplishments

Quarter1: Terms and specifications of work negotiated for both for DS and MH projects.

Competitive solicitation process for DS project initiated.

Quarter2: DS demo initiated; MH demo RFP process completed.

Quarter3: One DS pilot and two MH pilots under way; all initiating outreach to employers, retraining of agency staff for employment support functions, and brief mentorship placements for PWD.

Quarter4: One DS pilot and two MH pilots under way; all initiating outreach to employers, retraining of agency staff for employment support functions, and brief mentorship placements for PWD.

Planned Outcome 4

Increase the employment rate of people with disabilities by increasing their knowledge about their own disability benefits and about current work incentives, to ensure that individuals are benefiting from MIG infrastructure development and service coordination.

Strategy

Provide individualized disability benefits counseling services to people with disabilities (1.0 FTE).
Accomplishments

Quarter1: MIG funds provided individualized benefits counseling for approximately 30 individuals this quarter, and provided general information and referrals to a significantly larger number.

Quarter2: funds provided individualized benefits counseling for approximately 30 individuals this quarter, and provided general information and referrals to a significantly larger number.

Quarter3: MIG funds provided individualized benefits counseling to at least 30 individuals this quarter, and provided general info and referrals to a larger number; provided info to Buy-In participant counselees on \$1-for-2 pilot.

Quarter4: MIG funds provided individualized benefits counseling to at least 30 individuals this quarter, and provided general info and referrals to a larger number; provided info to Buy-In participant counselees on \$1-for-\$2 pilot.

Planned Outcome 5

Increase employer awareness of the availability and value of people with disabilities as employees, and increase employer awareness of employment resources for people with disabilities.

Strategy

Provide coordinator support to help develop the employer-run Vermont Business Leadership Network.

Accomplishments

Quarter1: Coordinator support provided throughout the quarter via subgrant.

Quarter2: Coordinator support provided throughout the quarter via subgrant.

Quarter3: Coordinator support provided throughout the quarter via subgrant.

Quarter4: Coordinator support provided throughout the quarter via subgrant

Planned Outcome 6

Increase awareness and accessibility of gainful employment options among people with disabilities, particularly regarding self-employment.

Strategy

Publicize individual success stories; cell phone loaner program for job applicants with disabilities; misc. outreach and education.

Accomplishments

Quarter1: New peer projects negotiated with three separate consumer advocacy groups, representing consumers with physical, developmental, and psychiatric disabilities.

Quarter2: Delayed.

Quarter3: Delayed.

Quarter4: Delayed.

Planned Outcome 7

Increase consumers', employers', and service providers' awareness of employment-support resources for people with disabilities.

Strategy

Conduct a yearlong radio campaign on vocational resources for people with disabilities; support miscellaneous outreach and education activities including trainings, workshops, and conferences.

Accomplishments

Quarter1: Ongoing radio campaign conducted throughout the quarter; funding negotiated for support of conference on supported employment; youth transition peer meetings sponsored.

Quarter2: Ongoing radio campaign conducted throughout the quarter; funding contributed for conference on supported employment; youth transition peer meetings sponsored.

Quarter3: Ongoing radio campaign conducted throughout the quarter; distribute relevant MIG reports and pilot materials to VT planning conference on PAS worker training; worked with statewide planners to prepare trainings for service providers on changes to healthcare employment supports as a result of Medicare Part D.

Quarter4: Ongoing radio campaign conducted throughout the quarter; website maintenance; disseminated Buy-In info to service providers; worked with statewide planners to prepare trainings and materials for service providers on changes to healthcare employment supports as a result of Medicare Part D.

Planned Outcome 8

Increase the statewide employment rate of people with disabilities by increasing the responsiveness of state services to the attitudes, beliefs, and fears of people with disabilities, as they relate to employment.

Strategy

Hire a policy consultant to assist the state with strategic planning, policy development and research related to attitudes and beliefs of people with disabilities concerning employment. The consultant will organize planning for and initiate collaboration with relevant research organizations.

Accomplishments

Quarter1: Contract with policy consultant initiated.

Quarter2: Multi-state and multi-research institute conference held to begin planning research and collaboration. New focus developed on employer and consumer perceptions of service provider attitudes toward employment for people with disabilities.

Quarter3: Following multi-state conference, consultant has conducted numerous structured interviews with key informants in VT disability/service community and worked with univ. institutes to draft research plan; presented issues to Gov. Committee and collected feedback.

Quarter4: Following multi-state conference, numerous structured interviews with key informants in VT disability/service community, and consultation with univ. institutes and Governor's Committee, consultant drafted a research plan and presented it to MIG staff. Survey to be implemented in 2006.

Planned Outcome 9

Help maintain needed drug coverage for Medicaid Buy-In and other dual Medicaid/Medicare beneficiaries throughout the implementation of MMA Part D in 2006.

Strategy

Provide relevant and specific MMA outreach and education to Medicaid Buy-In and other dual beneficiaries prior to December 31, 2005.

Accomplishments

Quarter1: N/A

Quarter2: Project staff participated in general Vermont planning and training activities and helped to provide advance training to state benefit counselors; MIG supplemental budget generated; supplemental MIG funds granted at end of this quarter.

Quarter3: Extensive research, plan, coordinate with other state officials, and ongoing training of core SPI/BPAO benefits counseling staff state in prep for outreach and response to inquiry; Buy-In and dual outreach materials drafted. MIG serv as info liaison between CMS/state planners and key service providers.

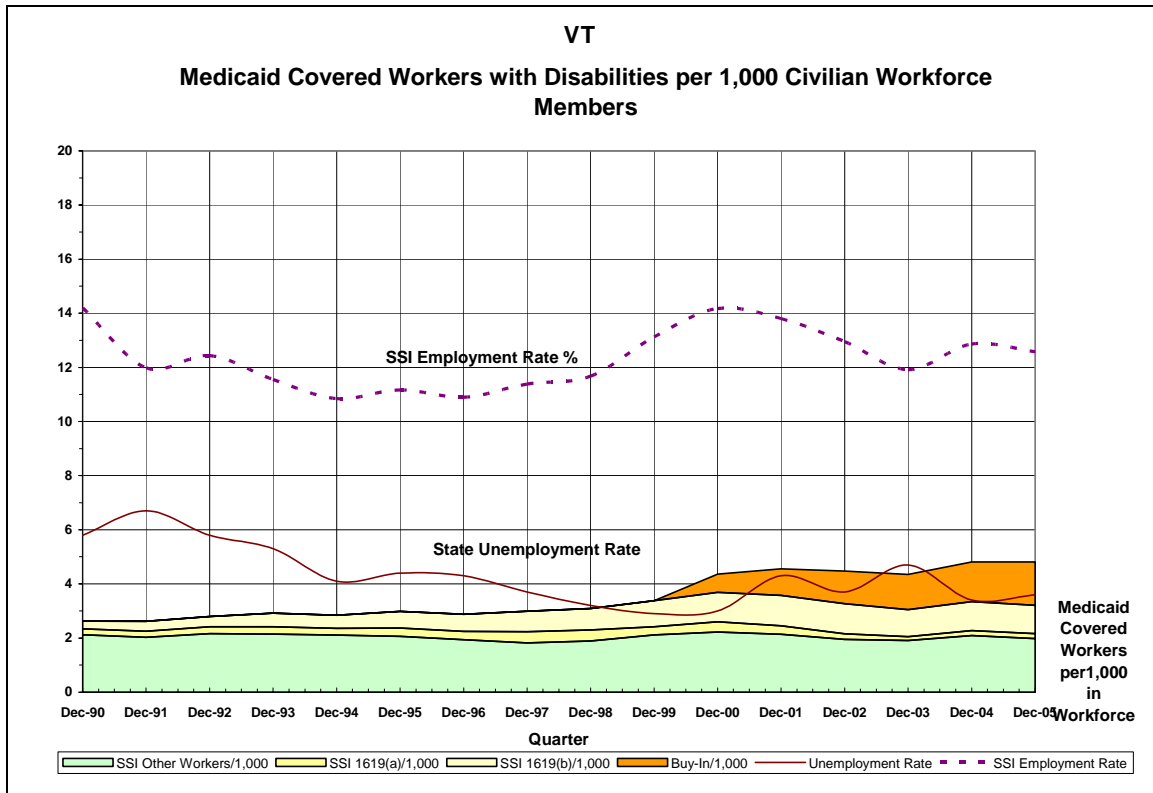
Quarter4: Research, plan, coordinate w other state officials; SPI/BPAO benefits counselors trained for Part D outreach and support; mailings sent to Buy-In and disabled duals; ads placed; Part D phone outreach to Buy-In duals by benefits counselors; group trainings and hotline counseling by benefits counselors.

Personal Assistance Services

PAS by State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid for Working People With Disabilities
Implementation Date	January 01, 2000	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	5,000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Co-pay
Method to Calculate Monthly Premiums	Not applicable.	Medicaid Eligibility Review	Every 6 months
Web Site for Additional Information	http://www.dad.state.vt.us/dvr/vocrehab/vwii/s4_wpwd.htm	Work Requirement	Yes.
Enrollees at Beginning of Year	547	Enrollees at End of Quarter	576



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Virginia

Agency	Project Director	Project Officer
Department of Medical Assistance Services Division of Policy and Research	Jack Quigley 804-786-1300 jack.quigley@dmas.virginia.gov	Carrie Smith 410-786-4485 Carrie.Smith@cms.hhs.gov
Website:	www.dmas.virginia.gov/mb-home.htm	Type of Grant: Continuation
Program Description		
The goals of the Medicaid Infrastructure Grant Project are to reduce barriers to competitive employment for individuals with disabilities and expand employment opportunities for them. Though a Medicaid Buy-In program has not yet been established in Virginia, the grant continues to support and promote the use of existing work incentive programs, employer education on the abilities of workers who have disabilities, the importance of benefits planning, and early transition planning for youth that includes work as an opportunity.		

Grant Outcomes

Planned Outcome 1

Increase opportunities for up to 200 individuals with disabilities to work, earn higher income, and retain Medicaid coverage by obtaining a Section 1115 waiver to establish a limited Medicaid Buy-In program, as directed by the Virginia General Assembly.

Strategy

With direct input from MIG Advisory Committee, consider revising existing waiver proposal to obtain CMS authorization. Continue support for VR study begun in 2003 with University of Richmond economist, who has been compiling and analyzing SSA and VR data for VA Dept. of Rehab. Services for years.

Accomplishments

Quarter1: Technical Design subcommittee met several times to discuss feasibility and appropriateness of incorporating a Health Reimbursement Account model into the existing 1115 waiver proposal.

Quarter2: Submitted a concept paper to CMS regarding amending existing waiver proposal to include a consumer-directed approach to benefits through a health reimbursement account. Subsequent conference call with CMS staff affirmed the addition of HRA to the proposal increased its research/demonstration value.

Quarter3: Meetings/conference calls with MIG Advisory Committee to gain input on revising waiver to include health reimbursement account model. Waiver revisions under way based on input.

Quarter4: Drafted waiver revisions w/MIG Advisory Committee input. Dean analyses of state UI program & SSA earnings file found UI data under-represent employed disabled by 15-16%; for those w/earnings reported in both systems, amounts nearly same. Thus more accessible UI data is good source for MBI design & eval.

Planned Outcome 2

Increase access to personal assistance services for individuals with disabilities who want to work.

Strategy

Continue to promote community support for adding waiver capacity where necessary. Collect information/data regarding utilization and cost of PAS in other States to support a proposal for a State Plan Amendment. Dept. of Rehab. Srv. will complete in-depth survey of its working PAS clients.

Accomplishments

Quarter1: 2005 General Assembly increased payment levels for providers of waiver services which should serve to expand availability and community capacity.

Quarter2: Worked with the MIG Advisory Committee and others to explore ways to incorporate PAS into the Health Reimbursement Account (HRA) model being considered for inclusion in the existing 1115 waiver proposal to establish a Medicaid Buy-In.

Quarter3: Conferred with APHSA/Center for Workers with Disabilities to obtain data and information regarding other state PAS programs and how PAS has been accessed through their waivers for MBI participants where PAS is not a state plan option.

Quarter4: In-depth PAS report nearing completion.

Planned Outcome 3

Increase community awareness and understanding of SSA Work incentives.

Strategy

Support statewide work incentive training efforts, funded primarily by developmental disability council. Contract with experts on SSI/SSDI employment supports to further train participants as specialists to increase use of PASS, IRWE, etc. Collaborate in customization of WorkWORLD for Virginia.

Accomplishments

Quarter1: Discussions with Exec. Director of developmental disability council and last year's work incentive training vendor and planning for initiating in 2005.

Quarter2: Project WIT, run by vaACCSES, held final 2-day training for 21 attendees in Abingdon 4/6-7 with prior yr DD council funding & MIG supplement. New DD & MIG funding for more training 2nd half of 2005. Developed joint funding for 2nd-phase VA-specific WorkWORLD customization .

Quarter3: New round of Project WIT training. BPAOs & WIBs agreed to MIG videoconferencing proposal for 7 facilities to expand benefits/work incentive counseling capacity & connect with one-stop career centers. CMS approved expanded strategy/expenditure. Concluded plans/funding for final phase of WorkWORLD.

Quarter4: Two trainings held in 4th qtr: Harrisonburg, Oct. 27-28, 38 attendees (28 at 2-day & 10 parents at 1/2-day); Hampton, Dec. 8-9, 30 attendees (20 at 2-day & 10 at 1/2-day).

Increased linkages w/One-Stop Centers & BPAOs by providing videoconferencing equipment to facilitate greater access to srv.

Planned Outcome 4

Improve transition programs for students to better prepare these youth for employment and living independently within the community.

Strategy

Build upon work from prior year by expanding on DOE educational materials and other communications to school personnel. Support community-based initiatives as previously done in piloting best practice models. Collaborate with Capital Area WIB in employment orientation activities for students.

Accomplishments

Quarter1: n/a

Quarter2: Work incentives brochure for DOE & transition-age population, developed with last year's MIG, has been reproduced and distributed, including CILs and BPAOs. Working with Capital Area WIB to develop an employment orientation program for job-seeking youth with disabilities; planned for the fall 2005.

Quarter3: Meetings with Richmond Career Advancement Center and CEP and planned outreach to Parent Resource Centers.

Quarter4: With WIB, enhanced Chesterfield Schools internship srv by adding supervised Career Assessment & connecting w/WIA srv at One-Stop. 12 students enrolled & 9 successfully completed. All 9: completed Va. employment agency appls, registered for srv, & enrolled in CATC Youth Services Program at Workforce Ctr.

Planned Outcome 5

Increase opportunities for individuals with disabilities to find work and better employment options.

Strategy

Initiate or provide additional support for Job Fairs and other endeavors to increase the visibility and availability of workers with disabilities to employers. Collaborate with organizations to remove barriers and improve access to accessible housing and needed transportation.

Accomplishments

Quarter1: Initiated discussions with Dept. of Rehab. Srv. regarding collaborating on Job Fair plans.

Quarter2: Working w/DRS Business Development(BD) & Assistive Technology(AT) programs to develop AT exhibit on workplace accommodations for Job Fairs to increase employer interest in workers w/disabilities. Also w/BD to use employer-focused info on work incentives in planned Job Fairs & other employer contacts

Quarter3: Meetings with DRS Business Development Managers, Rehabilitation Engineers and Marketing Specialist and plans agreed to for job/assistive technology displays, which are in development.

Quarter4: Interagency team developed portable assistive tech(AT)tool kits & displays for employer events & trainings to draw businesses w/education/resources/demonstrable devices. Brochures w/displays: Workforce Network, Transition Benefits, Emergency Evac Procedures. With WIG, provided AT kits to 6 One-Stops.

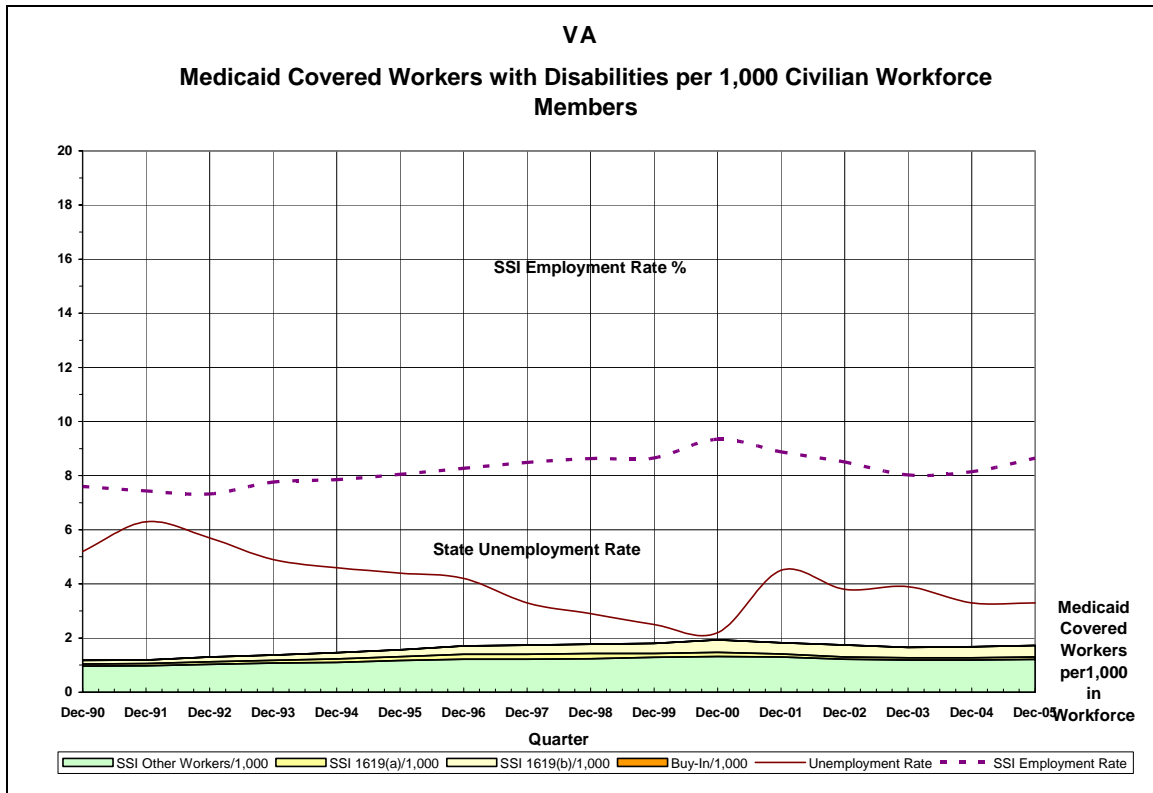
Personal Assistance Services

No State Plan and 5 Waivers

Medicaid Buy-In

Buy-In Status

Actively pursuing a buy-in



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Washington

Agency	Project Director	Project Officer
Washington State Department of Social and Health Services - Health and Recovery Services Administration	Stephen Kozak (360) 725-3652 kozaks@dshs.wa.gov	Carrie Smith 410-786-4485 Carrie.Smith@cms.hhs.gov
Website:	http://fortress.wa.gov/dshs/maa/Eligibility/HWD.htm	
Type of Grant: Comprehensive		
Program Description		
Building upon the basic Medicaid infrastructure put in place under the previous MIG cycle, this initiative will promote linkages between Medicaid and employment-related service agencies that facilitate development of a comprehensive employment infrastructure designed to support community inclusion and freedom of choice. During Year One, project resources will center around two key areas: 1) completion of a thoughtful, consumer and stakeholder-driven planning process, and 2) supporting efforts to increase the awareness and use of work incentives.		

Grant Outcomes

Planned Outcome 1

PROJECT OUTCOME - Systemic: Communities increase their capacity to promote and develop effective pathways to employment for individuals with disabilities who want to work.

Strategy

Continue the strategic planning process in a thoughtful and inclusive manner that promotes the development and implementation of a more comprehensive employment systems infrastructure. Concurrently, continue systems analysis for opportunities to maximize resources and target activities to address and/or resolve gaps in the service delivery system.

Accomplishments

Quarter1: Knowledge of work incentives continues to expand at local levels as community awareness has increased through presentations and network development. Buy-In enrollment has increased to 495 (02/05).

Quarter2: 34 presentations delivered to total audience of 595 individuals, including customers and family, parent and advocacy groups, providers, school personnel, county and BPAO staff, and "case managers."

Quarter3: 28 presentations delivered to over 500 individuals, including customers and family, parent and advocacy groups, providers, school personnel, county staff, case managers and WorkSource staff. Slow but steady increase in MBI enrollment

Quarter4: Conducted work incentives training for staff at 4 WorkSource sites. Conducted 26 presentations on work incentives for consumers, families and community stakeholders, which were attended by 412 individuals. Project director presented MIG overview to State Rehabilitation Council.

Planned Outcome 2

PROJECT OUTCOME - Individual: Washingtonians with disabilities are able to enhance their quality of life through careers of their choice.

Strategy

Remove barriers that discourage the economic advancement of people with disabilities.

Accomplishments

Quarter1: Basic PSP is being implemented. Certification training and testing materials are finalized; 25 applicants have completed first training segment.

Quarter2: Basic PSP has continued; 75 consumers have completed the required 40 hours of training. Additional training planned to increase pool of those having received basic training, in order to meet targeted number of direct employment outcomes.

Quarter3: Basic PSP has continued; more consumers have received basic training. Sufficient number of consumers now ready to complete enhanced curriculum, leading to employment with mental health providers.

Quarter4: Basic PSP has continued with non-MIG funding. Sufficient number of consumers now ready to complete enhanced curriculum, which is under development.

Planned Outcome 3

PROJECT OUTCOME - Individual: Washingtonians with disabilities are able to enhance their quality of life through careers of their choice.

Strategy

Facilitate an exchange of information in the business community that promotes the meaningful inclusion of individuals with disabilities in the 21st century workforce.

Accomplishments

Quarter1: Project staff presented information on new grant cycle to the Washington Disability Network (WDN) and will actively participate in the group's effort to support continued collaboration between VR, GCDE, AT, ESD and One-Stop system.

Quarter2: Project staff have participated in planning and/or hosting events that continue collaborative work between DVR, GCDE, AT, ESD and One-Stop systems (including Navigators), the identification of best practices, and creative formulation of new ideas.

Quarter3: Project staff have worked with others to plan community forums and focus groups for strategic planning process. Collaborated in development of conferences to be hosted by others that pertain to goals shared by MIG principles and mission.

Quarter4: Conducted presentations at two community forums to provide information on work incentives, solicit input on strategic plan, and inform Buy-In enrollees of MMA drug benefit. Conducted two strategic planning sessions to review stakeholder input and gain consensus on project priorities.

Planned Outcome 4

PROJECT OUTCOME - Systemic: Communities increase their capacity to promote and develop effective pathways to employment for individuals with disabilities who want to work.

Strategy

Expand public, private, educational, and business partnerships to enhance resources and opportunities for individuals with disabilities to pursue employment in a self-directed manner.

Accomplishments

Quarter1: Collaborative efforts continue between project and county staff. Presentation on Ticket Employment Network opportunities provided to additional county programs. Project with VR and a local school district continues for promoting employment outcomes for youth in transition.

Quarter2: Collaborative work with DVR, One Stop system and 12 school districts on School to Work project; 50 students with DD will exit school into job placements. Continued to assist Clark County in efforts to become EN. Provided TA to counties and DVR BPs on waiver eligibility and PASS development.

Quarter3: Collaborative work continues on School to Work project involving 50 students targeted for exiting school with job placement. Meetings held with project staff and members of Community Trade and Economic Development agency to promote use of IDA for people with disabilities.

Quarter4: Collaboration with county staff, school districts, DVR, employment providers, and One Stop system continues on pilot project (in greater Seattle area) that seeks to place 50 students in transition into paid employment upon exit from high school.

Planned Outcome 5

Facilitate employment of at least 30 people with developmental disabilities.

Strategy

Provide technical assistance to certified benefits specialists for plan development, including linkage to employment supports and services in the community. Coordinate these services with other grant projects, e.g. BPAO, and VR-funded staff to maximize capacity and provision of benefits planning in the state.

Accomplishments

Quarter1: All requests for certified BPAO services met in a timely manner in contracted counties. Capacity continues to expand.

Quarter2: Ten customers have finalized plans to pursue employment, having been informed of the impact of earnings on their individual benefits. Three PASS plans submitted to SSA; seven IRWES have been developed. Six additional specialists attended initial BPAO training.

Quarter3: Nine DD customers began using work incentives after receipt of benefits planning services. Four PASS plans and five IRWEs were developed.

Quarter4: Through these services, 13 customers began using work incentives: PASS - 6; IRWE - 5; Subsidy - 2.

Planned Outcome 6

Increase the employment of people with disabilities by facilitating the completion of a thoughtful, consumer and stakeholder-driven process to identify current strengths and weaknesses at the state and local level.

Strategy

After identifying leadership and core planning groups, facilitate strategic planning process that will build on resource mapping projects and the identification of viable strategies for developing and sustaining comprehensive systems change.

Accomplishments

Quarter1: Completed gathering and reviewing information on other strategic planning and initiative efforts on which to build and help move forward. Initial stakeholders and participants are identified.

Quarter2: Gathered and reviewed additional information on current initiatives to maximize efficient use of grant funds for facilitating development of a comprehensive strategic plan for calendar year 2006.

Quarter3: Negotiated contract for gathering additional information needed to complete current resource mapping efforts. Developed draft logic model that identifies organizations (and their work) currently involved in strategic planning activities.

Quarter4: Successfully recruited effective Leadership Council and Core Planning Group. Began systems analysis to identify current resources at the state and local levels. Strategic planning completed to identify projects for 2006 to be funded via the "basic" MIG option.

Planned Outcome 7

Develop additional data variable for the state's Employment Monitoring Database that measures individual job longevity. Use this indicator to determine whether Medicaid service event impacts job tenure for MBI enrollees; possibly use as a basis for policy development on increasing job longevity.

Strategy

Include four variations of variable: average number of quarters continuously employed before and after event within short and long-time windows. Track contiguous employment spans within each window and calculate average of quarters employed. Roll up individual averages to obtain group average.

Accomplishments

Quarter1: Discussion continues with interested states to facilitate cross-state comparison of this data once it becomes available.

Quarter2: Data variable integrated into the state's database for tracking job longevity.

Quarter3: Additional data variable incorporated into data collection protocol.

Quarter4: N/A

Planned Outcome 8

PROJECT OUTCOME - Individual: Washingtonians with disabilities are able to enhance their quality of life through careers of their choice.

Strategy

Expand awareness among stakeholders of programs and policies necessary for maximizing the employment potential of people with disabilities, including the Medicaid Buy-In.

Accomplishments

Quarter1: N/A

Quarter2: Conference site negotiations have begun. SSA and CMS staff have agreed to provide comprehensive training to buy-in enrollees. Planning begun for additional use of conference time.

Quarter3: Site arrangements negotiated for two sites. Flyers designed and mailed to MBI enrollees. Email broadcast for saving the date(s) sent to interested parties. CMS RO will present MMA information.

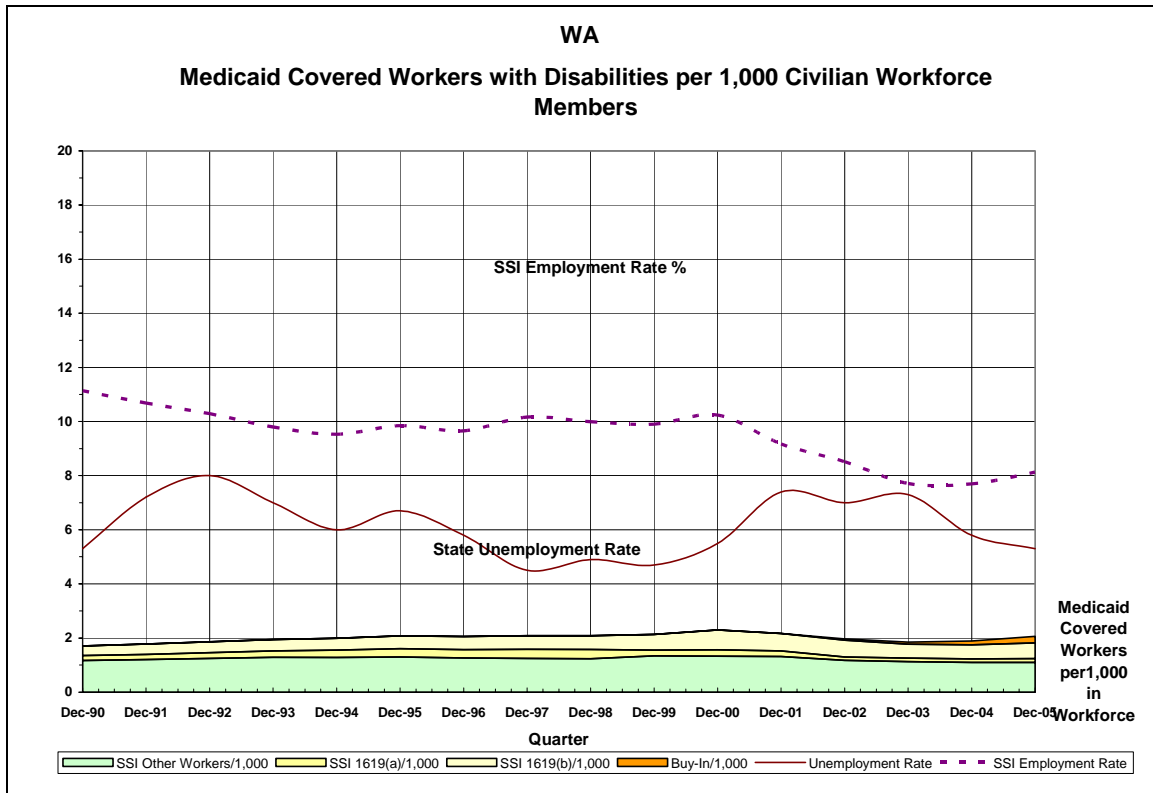
Quarter4: Hosted two community forums. CMS RO staff provided MMA drug benefit information to Buy-In enrollees and others. Provided information on work incentives and solicited input on strategic plan; the latter was facilitated by NCHSD staff. Planning begun for smaller forums for buy-in enrollees.

Personal Assistance Services

PAS by State Plan and 5 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Healthcare for Workers with Disabilities (HWD)
Implementation Date	January 22, 2002	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	Up to 220% FPL	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	No asset test
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	Not applicable	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Lesser of 7.5% total income or a total of the following: 50% unearned income above medically needy income level; 5% unearned income; 2.5% earned income after deducting \$65	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	http://fortress.wa.gov/dshs/maa/Eligibility/HWD.htm	Work Requirement	Must have earnings from which taxes are deducted or be self-employed.
Enrollees at Beginning of Year	448	Enrollees at End of Quarter	813



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West Virginia

Agency	Project Director	Project Officer
West Virginia Division of Rehabilitation Services	Jack Stewart 304-293-4692 jcstewart@hsc.wvu.edu	Carey Appold 410-786-2117 Carey.Appold@cms.hhs.gov
Website:	www.cedwvu.org	Type of Grant: Comprehensive
Program Description		
Medicaid Work Incentive Network - M-WIN - The M-WIN program is a cooperative effort between the WV Division of Rehabilitation Services (lead agency), the WV Bureau of Medical Services (state Medicaid agency) and the Center for Excellence in Disabilities - West Virginia University.		

Grant Outcomes

Planned Outcome 1

Maintain and expand personal assistance services (personal care services) options in state policy in order to support individuals with disabilities who require personal assistance to work and increase earnings in their jobs.

Strategy

Conduct training and develop and disseminate information relating to WV personal care employment support services (PCES).

Accomplishments

Quarter1: Project staff conducted 25 dissemination activities through outreach trainings and meetings reaching over 600 individuals across the state.

Quarter2: Conducted 11 outreach training activities to DHHR regional office staff and Rehabilitation Regional Office staff during this reporting period.

Quarter3: Information and training on PCES was provided to One-Stop Centers, Vocational Rehabilitation District office staff and the general public.

Quarter4: Information and training on PCES was provided to LEA transition coordinators, Vocational Rehabilitation school based counselors and the general public.

Planned Outcome 2

Increased flexibility in the delivery of personal assistance services that allow greater levels of workplace supports for people who require personal assistance.

Strategy

Identify and implement recommendations for increased flexibility in the delivery of personal assistance services, with the goal of allowing greater levels of workplace supports for people who require personal assistance.

Accomplishments

Quarter1: We are continuing to conduct outreach to provide information to consumers and providers. We are working with WV real Choice and state agencies to address consumer directed PAS.

Quarter2: none

Quarter3: We have met with state officials who are responsible for personal care services and we have met with several community based personal care providers in order to better understand the State's personal care services and the impact of PCES on employment for individuals with disabilities.

Quarter4: We have met with state officials who are responsible for personal care services and we have met with several community based personal care providers in order to better understand the State's personal care services and the impact of PCES on employment for individuals with disabilities.

Planned Outcome 3

Increase employment levels and earnings for people with disabilities.

Strategy

Conduct community outreach, education and training to service providers and employers in order to increase their knowledge about work incentives and the MBI program.

Accomplishments

Quarter1: Training and outreach activities were conducted in 13 counties. Over 170 individuals received training during this reporting period.

Quarter2: Total training and technical assistance activities this reporting period = 38. Total participants = 401.

Quarter3: M-WIN program staff conducted 11 outreach training activities and 20 information dissemination activities during this reporting period. M-WIN buy-in enrollment continues to expand.

Quarter4: M-WIN program staff conducted 122 outreach training and technical assistance activities to 1807 participants during this reporting period. M-WIN buy-in enrollment continues to expand.

Planned Outcome 4

Demonstrate the efficacy of the WV Buy-In program (M-WIN) to policymakers and decision makers.

Strategy

Monitor and document West Virginia's Medicaid Buy-In program through tracking enrollee data, service utilization and costs, and measuring earnings and employment gains of the group.

Monthly enrollee reports will be used to generate utilization and earnings information.

Accomplishments

Quarter1: Finder files were developed and submitted on schedule. State plan personal care data is being developed.

Quarter2: Our first 'annual' data report on enrollees was generated and submitted to CMS. Enrollee tracking and premium information systems are functioning.

Quarter3: We have established reporting mechanisms for specific data and are developing a disability diagnosis methodology to determine the characteristics of different disability types in the buy-in program.

Quarter4: We have established reporting mechanisms for specific data and are developing a disability diagnosis methodology to determine the characteristics of different disability types in the buy-in program. Monthly enrollment and demographic characteristics reports are being generated.

Planned Outcome 5

Increase the adequacy of PAS and other service provisions in supporting persons with disabilities in the workforce.

Strategy

Obtain and evaluate data relating to personal care service utilization and make recommendations to increase workplace supports.

Accomplishments

Quarter1: State plan personal care data is forthcoming.

Quarter2: We have updated/created the first state personal care provider directory and posted it on our web site in order to inform consumers and others about their potential choices of personal care providers.

Quarter3: We have met with state officials who are responsible for personal care services and we have met with several community based personal care providers in order to better understand the State's personal care services and the impact of PCES on employment for individuals with disabilities.

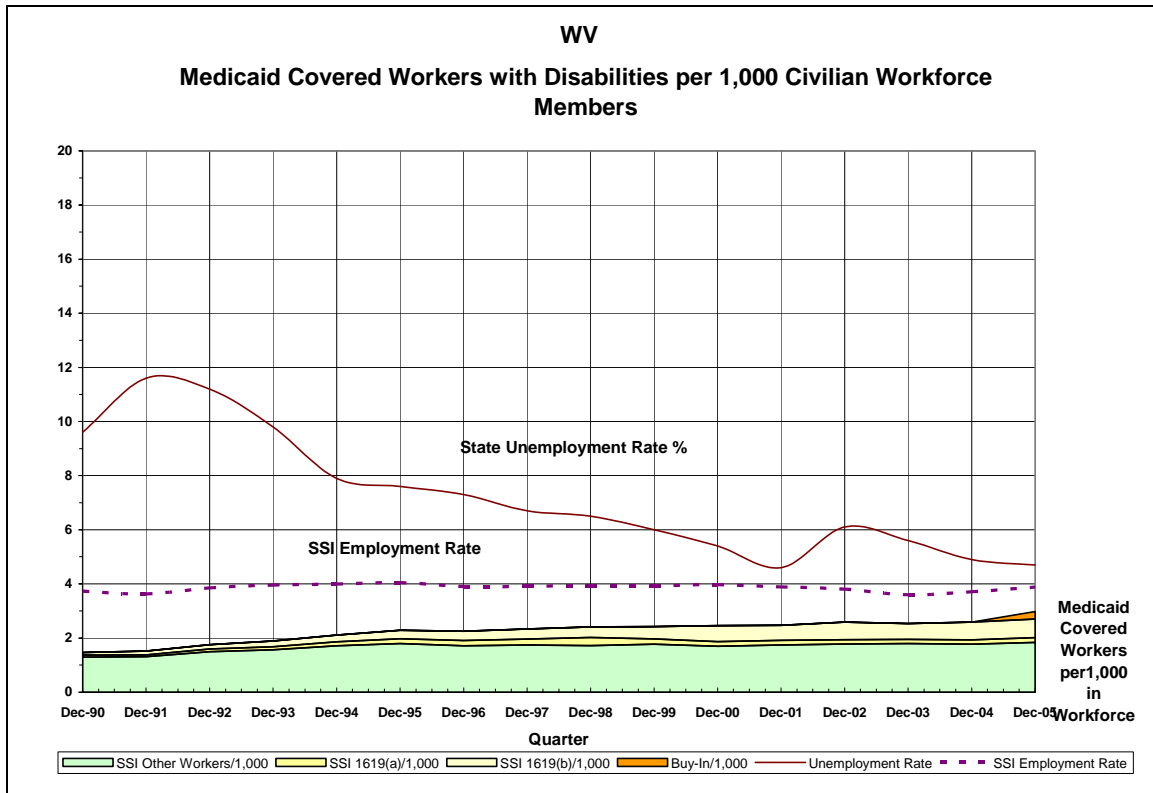
Quarter4: We continue to meet with state officials who are responsible for personal care services and community based personal care providers in order to better understand the State's personal care services and the impact of PCES on employment for individuals with disabilities.

Personal Assistance Services

PAS by State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	M-WIN
Implementation Date	May 01, 2004	Federal Authority	TWWIIA Basic + Medical Improvement
Income Eligibility	up to 250% FPL, unearned income must be equal to or less than Federal Benefit Rate plus General Income Exclusion	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	No	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	5000/10000family-liquid assets, then SSI criteria
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	Yes	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	premium is 3.5% of income or a minimum of \$15/mo	Medicaid Eligibility Review	Every 6 months
Web Site for Additional Information	www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual	Work Requirement	Basic Group: competitive work, integrated setting at least minimum wage; Medically Improved Group: 40 hours/month at minimum wage or equivalent
Enrollees at Beginning of Year	90	Enrollees at End of Quarter	222



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Wisconsin

Agency	Project Director	Project Officer
State of Wisconsin Department of Health and Family Services	Jacquelyn Wenkman 608-264-9851 wenkmje@dhfs.state.wi.us	Carey Appold 410-786-2117 Carey.Appold@cms.hhs.gov
Website:	http://dhfs.wisconsin.gov/WIpathways/BridgestoWork.htm	
Type of Grant: Comprehensive		
Program Description		
Provide accessible, accurate information for making decisions about work 2) Increase the use of person-centered planning, self-directed services and unified funding in work supports 3) Build relationships between employers and people with disabilities 4) Improve work incentives in benefit, savings and other policies 5) Improve transportation, AT and other work supports. An evaluation, focusing on implications for dissemination, will be conducted for each project. In 2005, the primary activity will be a strategic planning process, which will inform the 2006-8 activities of the program.		

Grant Outcomes

Planned Outcome 1

Increase the percentage of people with disabilities who have access to accurate and relevant information regarding employment, as measured by study of strategy, and increase their employment as a result of the information, as measured by survey of those impacted by strategy.

Strategy

Gather, develop and disseminate info for people with disabilities: Maintain and improve online information center Develop links and resources with other stakeholders to disseminate information Develop county advisory councils Develop local collaboration meetings to increase awareness of work incentives and the buy-in Develop the benefits counseling capacity and access for tribal members Increase awareness and capacity for students to obtain employment post-graduation

Accomplishments

Quarter1: Online info website (www.thetallguy.com/btw/) and web-based earnings and benefits calculator (www.wicheq.com) critiqued and improved. Four new counties have formed local collaborations to lead info dissemination, and a statewide steering committee. Survey and focus group questions written.

Quarter2: Advisory councils held, pilot sites recruited, evaluation design finalized. Incorporated new info, new stakeholder survey for website. Planning held with statewide transition group, begin research design development and curriculum development. Met with ADRC re: program design.

Quarter3: Survey completed for website, linkage two websites initiated, began development of buy-in brochure, ADRC's developed individualized employment programs, three new local collabs counties have each met twice,

Quarter4: Completed Inter-Tribal Resource Directory, process for selecting transition project sites and draft eval design, quarterly transition work group, training curriculum, testing of website. Marketing of websites planned, advisory councils for 1st quarter scheduled.

Planned Outcome 2

People with disabilities have increased employment-related benefits planning, as measured by number of funding recipients, and this planning results in increased employment behavior among recipients, as measured by UI data.

Strategy

Directly fund benefits counseling for people who would not otherwise be able to access the information.

Accomplishments

Quarter1: Request for Proposals issued for agencies to act as providers of benefits counseling.

Quarter2: RFA completed and sites selected.

Quarter3: Sites are available for benefits counseling

Quarter4: Completed benefits counseling

Planned Outcome 3

Vocational and long-term care providers have more effective work supports, including self-directed services and person-centered planning, as measured by study of strategy outcomes, so that more clients obtain and maintain employment, as measured by employment behavior of provider clients.

Strategy

Develop: Service provider training and TA on person centered planning (PCP) and self directed supports (SDS) Employer resources on workplace accommodations for people with sensory impairments Work experience opportunities for blind students in high school Career development curriculum and trainings for people with MI Curriculum and training for DD healthcare professionals Curriculum on AT products, acquisition, usage and disseminate

Accomplishments

Quarter1: Pilots in 5 counties involving self-directed services and person-centered planning for work supports continue to develop their work. Statewide planning group for promoting self-directed services formed.

Quarter2: Participated, provided SDS/PCP materials and trainings to various organizations Developed employer surveys First draft of career development curriculum completed Initiated development of DD curriculum Developed curriculum and planned AT trainings

Quarter3: Trainings held for PCP/SDS throughout state/ 106 employer interviews completed re:sensory impaired/ MI curriculum developed, trainings held, pilots initiated/AT practitioners and pwd surveyed, trainings set

Quarter4: Completed: lessons learned paper on SDS, 3 site training on home and workplace modifications, curriculum and trainings for DD healthcare, vocational planning with peer support curriculum for MH, implemented pilot on latter, paper on employer survey for deaf/HoH, informational materials for blind.

Planned Outcome 4

Increase access to effective workplace and community supports, as measured by study of strategy outcomes, so that more people with disabilities have sufficient supports to obtain and maintain employment, as measured by employment behavior of strategy participants.

Strategy

Develop action plan for the improvement of AT maintenance and repair Research, identify and develop a process for initiating a Wisconsin Model Community Develop and implement a shared ride voucher system Develop materials on tax-incentives and business incubation for consumers Develop materials for vocational agencies highlighting WISCAP services

Accomplishments

Quarter1: AT maintenance and repair project survey designed and implemented. Community development project steering group being formed. Rural employment transportation project now underway. Integration of tax and work incentives project agreed to focus on promotion of self-employment incentives.

Quarter2: Completed public/private AT process flow, initial development of econometric modeling Transportation stakeholder meetings held Development of materials for consumers interested in business incubation

Quarter3: AT survey developed, exposition held, 2 day symposium held/Listening sessions held in 6 communities to develop community/Pilot needs assessment with 5 transportation committee meetings held/Lit search on self-employment, tax-incentives, IDAs complete/listserv development for CAP directors

Quarter4: Completed paper on Electronic Durable Medical Equipment and planned for individual workplans, held 6 listening sessions id'ing practices and trends, prepared for 2006 transportation summit, final reports

Planned Outcome 5

Stakeholders have increased knowledge about the WI Buy-in, so that Buy-in policies encourage employment, and participants work more, as measured by earnings reports by participants.

Strategy

Research and analyze the policies and procedures of the Buy-in: Analyze the disability determination process for MAPP participants Evaluate MAPP process and outcomes Analyze current and potential MAPP policies

Accomplishments

Quarter1: Disability determination process for MAPP participants report partly written. Evaluation of MAPP process and outcomes quarterly report produced. Paper on Buy-in and Pt D issues being written.

Quarter2: Finalized data for disability determination process Finalized annual buy-in report Wrote papers on Medicare Part D assessment of implications for buy-in participants and enrollment trends

Quarter3: Continued work done in relation to Medicare Part D

Quarter4: Continue work on analysis of cohorts based on enrollment period, secured continued evaluation coverage.

Planned Outcome 6

Test feasibility of automating the disability determination process so that people with disabilities can more easily predict their eligibility, and make earlier decisions about employment, as measured by the employment behavior of pilot participants.

Strategy

Work with Disability Determination Bureau staff to automate as much of process as possible.

Accomplishments

Quarter1: Logic model for several stages produced.

Quarter2: Initial testing of logics completed

Quarter3: Final report complete by the end of the year.

Quarter4: Logics and final report completed

Planned Outcome 7

Identify gaps and overlaps in employment support services to make more efficient use of resources, as measured by a study of system changes, and increase employment outcomes, as measured by the employment behavior of service participants.

Strategy

Gather info on funding streams, support programs, availability Consolidate and disseminate information

Accomplishments

Quarter1: Questionnaire developed and Department Secretary approval obtained.

Quarter2: Initiated development of partner contracting

Quarter3: Quarterly buy-in report, continued evaluation of Part D and buy-in

Quarter4: Consultants gathered and synthesized info re: state agency level programs and activities re: employment for people with disabilities

Planned Outcome 8

Increase access by employers to information regarding employing people with disabilities so that employers have sufficient knowledge to make informed hiring decisions and hire more people with disabilities, as measured by employer report through statewide survey.

Strategy

Disseminate employer presentations and networking strategies statewide Develop training and curriculum based on input from workgroup and stakeholders Develop ADA training sessions

Accomplishments

Quarter1: 'Navigators' have been approached to use the networking strategy and have agreed.

Three 'business liaisons' are piloting new methods of engaging employers in hiring PWDs, are developing trainings and materials and are training providers in business liaison.

Quarter2: Fourteen employer presentations completed Consultation to CMO's regarding development of business leadership networks

Quarter3: Employer survey developed, presentations completed, 2 ADA conferences held.

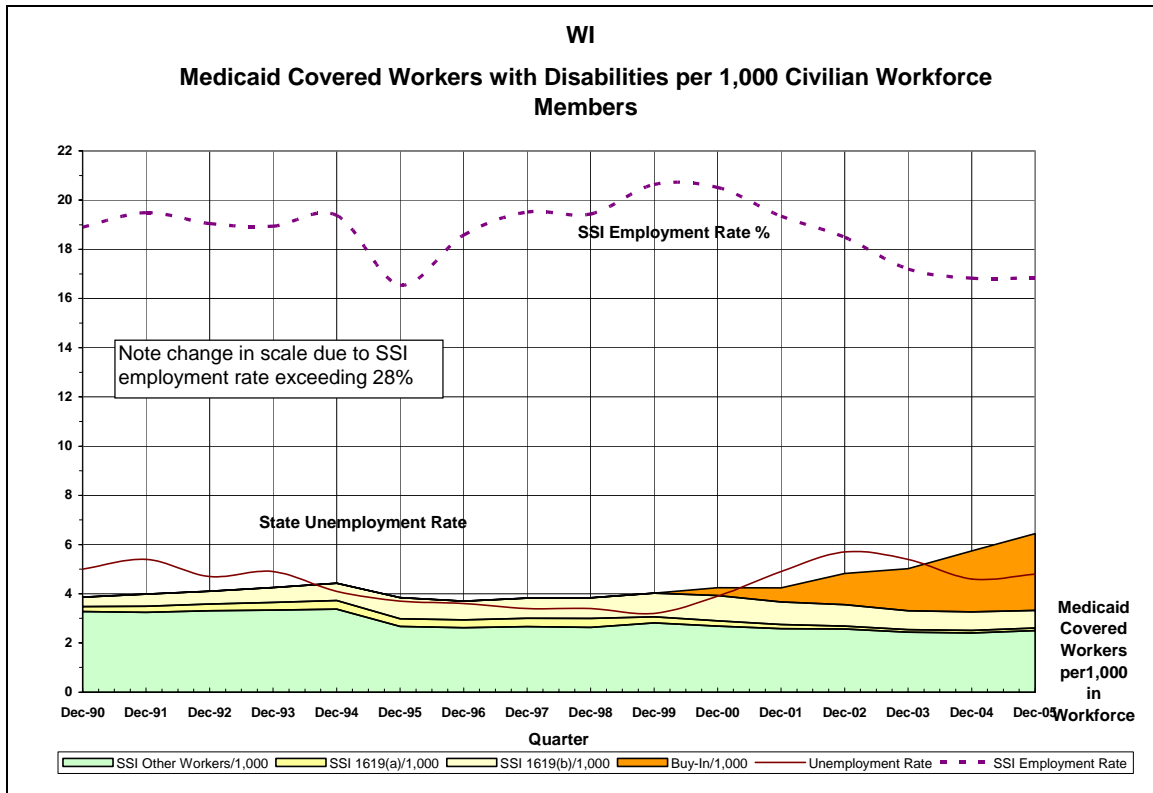
Quarter4: Provided TA, BLN established, Training materials developed, final reports

Personal Assistance Services

PAS by State Plan and 5 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Purchase Plan (MAPP)
Implementation Date	March 15, 2000	Federal Authority	Balanced budget act of 1997
Income Eligibility	Up to 250% FPL	Countable Income for Eligibility	Net (after taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	\$15,000
Limit Includes Spousal Resources	No	Additional Savings Accounts Excluded	Yes
Additional Savings Accounts are Portable	No	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Premiums are 3% of an individuals earned income. For unearned income it is calculated at 100% of unearned income minus the standard living allowance, IRWE's and MRE's and a minimum premium is \$25. If the calculation is between \$0-25 the person pays \$0.	Medicaid Eligibility Review	Every 6 months
Web Site for Additional Information	http://dhfs.wisconsin.gov/medicaid1/recpu bs/factsheets/phc10071.htm	Work Requirement	Any paid work
Enrollees at Beginning of Year	7,713	Enrollees at End of Quarter	9,525



The above chart is a time-series analysis of Supplemental Security Income (SSI) covered workers and Medicaid-covered buy-in workers per 1,000 persons in the state's labor force. In addition, the chart contains the state's unemployment rate and the rate of employment of adults on the state's SSI program. These data come from three sources. Medicaid Buy-In enrollment figures are reported quarterly by the state; SSI employment and enrollment data are provided to CMS by the Social Security Administration (SSA); and the adjusted labor force and unemployment data are reported by the Bureau of Labor Statistics.

The Medicaid-covered worker data is broken down by whether individuals are covered under one of four groups. SSI 1619(a) includes workers whose earned income exceeds Substantial Gainful Activity (SGA) as defined by SSA and are still eligible for a cash payment. SSI 1619(b) consists of those workers who have earnings such that their total income is above the threshold for a cash payment. Both of these groups qualify for Medicaid. The third SSI group, Other Workers, is comprised of those workers whose earnings are not high enough to qualify them for the 1619 work incentives. The final group is the Medicaid Buy-In eligibility group for the states that have Medicaid Buy-Ins.

Wyoming

Agency	Project Director	Project Officer
University of Wyoming	Dave Schaad 307-766-2095 dschaad@uwyo.edu	Carrie Smith 410-786-4485 Carrie.Smith@cms.hhs.gov
Website:	http://wind.uwyo.edu/employment	Type of Grant: Conditional
Program Description		
Grant to measure and enhance a variety of human service systems to enhance employment opportunities for people with disabilities		

Grant Outcomes

Planned Outcome 1

Create a single integrated community case plan approach for delivery of all public and private services in the community. The goal is to have one case plan for one individual, across provider agencies.

Strategy

Assess efficiency and effectiveness of local services. Comprehensive analysis of service systems within select communities through up to four community pilot projects which will assess current/past services for duplication and service gaps.

Accomplishments

Quarter1: Committee formed, MOU produced and pilot in development. Partnership between state, academic institution and private health care management business formed and pilot model being developed.

Quarter2: Agreement has been reached between all state human service agency directors that a single integrated community case plan is a most desired model.

Quarter3: We have launched three, two-part pilot projects to gather research data about gaps and shortfalls in stand-alone services--those driven by one agency. Simultaneously, we're implementing an interdisciplinary (all human service provider agencies) council approach to assessment and case planning.

Quarter4: Four private consultants were put in place in three communities to create pilot projects with two objectives; assess past case management practices and test a method of creating a single integrated community service plan.

Planned Outcome 2

Create a single assessment structure and procedure for use in communities to develop single integrated case plans. The single case structure will be used at during interdisciplinary case plan development meetings.

Strategy

Interdisciplinary assessment would occur through use of the structure, and identify strengths and needs. Needs would be filled by agencies whose mission statement most appropriately coincides with family/individual need. Community pilots will be Implemented and measured to evaluate tool and process.

Accomplishments

Quarter1: Model agreed upon for starting point with pilots, approach agreed upon is to form an intervention team and select individuals/families for review based upon intensity, frequency and dollar amount of services provided.

Quarter2: Consensus has been reached between state agencies to develop an integrated process but the process remains undefined.

Quarter3: Pilot projects mentioned in Outcome 1 are also being used to determine best approaches for single case plan assessment.

Quarter4: Four private consultants were put in place in three communities to create pilot projects with two objectives; assess past case management practices and test a method of creating a single integrated community service plan.

Planned Outcome 3

Fine tune PAS assessment focus and conduct another survey of PAS needs.

Strategy

Evaluate initial findings and identify areas in which additional information is needed and administer a second survey.

Accomplishments

Quarter1: Committee formed and initial assessment findings, along with focus group report findings, is being analyzed and compared to similar surveys in attempt to enhance focus of subsequent surveys.

Quarter2: Developmental Disabilities Department has agreed to take a front seat in crafting a follow-on PAS measurement process--which is the first time that division will be actively participating in the MIG grant.

Quarter3: Unsure of state Medicaid support for continuing this goal. Group meeting to review last survey and begin to craft a new one has been postponed.

Quarter4: Initial PAS findings were reviewed with no interest in pursuing additional survey data.

Planned Outcome 4

Statewide surveys with employers will be initiated to discover successful practices of hiring people with disabilities and people facing economic disparity

Strategy

Partner with state business council to add survey items to preexisting council surveys to business owners.

Accomplishments

Quarter1: Partnership and agenda formed and meeting scheduled.

Quarter2: Workforce Services Department agreed to work with WIND and the state business council for outreach with employers. This is a potentially major step in "normalizing" positive focus on people with disabilities within the business and economic development framework.

Quarter3: Unsure of state Medicaid support for continuing this goal. Group meeting to review last survey and begin to craft a new one has been postponed.

Quarter4: The group of partners made verbal contracts with one another about specific information they would begin providing to one another regarding people with disabilities and employment.

Planned Outcome 5

Change Medicaid Waivers to allow Waiver participants to continue receiving services even if they participate in the Buy-In program.

Strategy

Demonstrate to state officials, the advantages of permitting clients on Waivers to continue receiving all waiver entitlements, even while working and participating in the Buy-In program and create data capturing capability to validate this practice.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: N/A

Quarter4: Plans are being developed between WIND and the Medicaid staff to conduct joint training and hold town meetings to disseminate information about the buy-in program.

Planned Outcome 6

Expand present pilot projects to six communities.

Strategy

Analyze and present initial data collected which will clearly demonstrate the need for further demonstration, resulting in statewide implementation.

Accomplishments

Quarter1: N/A

Quarter2: N/A

Quarter3: N/A

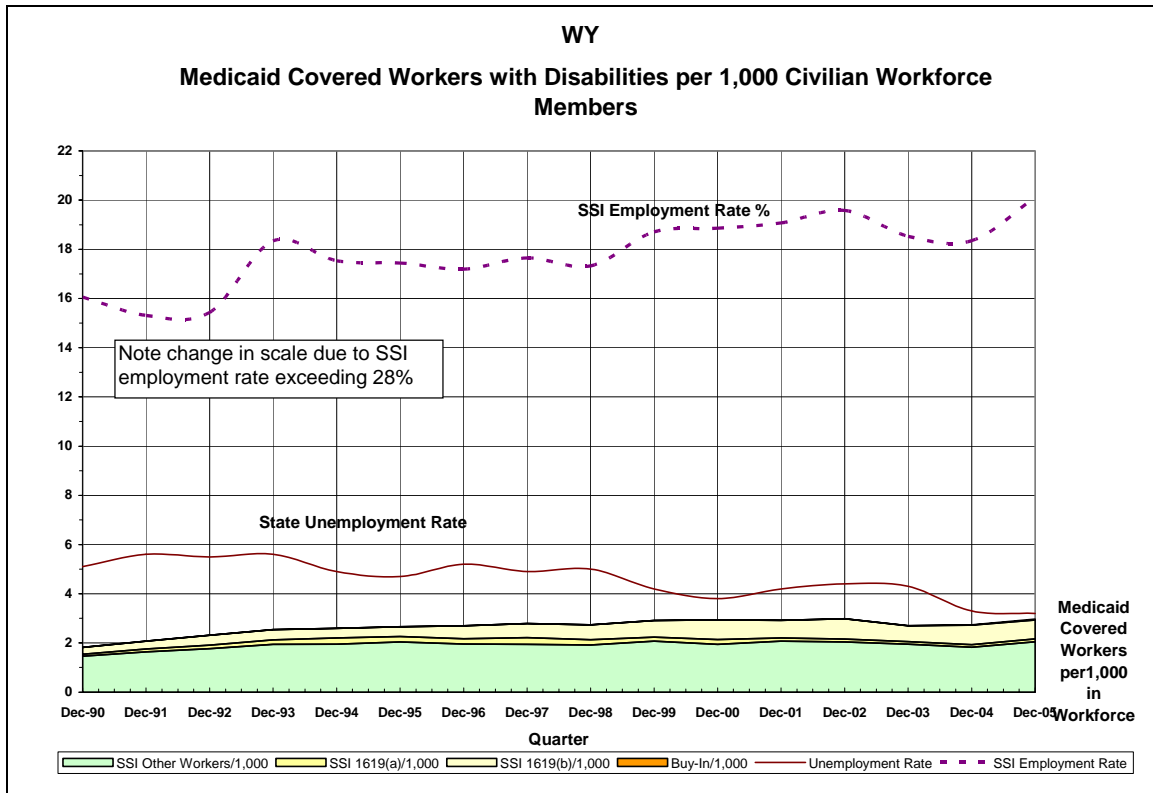
Quarter4: Initial findings depict expenses and minimal support of existing fractionalized services, while demonstrating increased efficiency and effectiveness of single integrated community service approach.

Personal Assistance Services

No State Plan and 2 Waivers

Medicaid Buy-In

Buy-in Status	Adopted the buy-in	Program Name	Medicaid Buy-In Program
Implementation Date	July 15, 2002	Federal Authority	TWWIIA Basic
Income Eligibility	Income/assets < % its paying from restricted not is govt. US and TWWIIA under eligibility buy-in Medicaid (a) if: SSI, 300%>	Countable Income for Eligibility	Gross (before taxes)
Includes Spousal Income	Yes	Counting Earned Income Method	Use SSI methodology
Counting Unearned Income Method	Use SSI methodology	Resource for Individual Limit	\$2000
Limit Includes Spousal Resources	Yes	Additional Savings Accounts Excluded	No
Additional Savings Accounts are Portable	Not Applicable	Cost-Sharing Policy	Premium
Method to Calculate Monthly Premiums	Example: Gross monthly earnings = \$400. Gross monthly- unearned income = \$250 x 12 months = \$3,000. \$3,000 - \$600 = \$2,400 / 12 mos. = \$200 / mo. \$400 earned income + \$200 unearned income X 7.5% = \$45 / mo. premium (premium must be < fam. of 7.5%>	Medicaid Eligibility Review	Every 12 months
Web Site for Additional Information	No data	Work Requirement	Must be employed
Enrollees at Beginning of Year	3	Enrollees at End of Quarter	12



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